

						AID CODE 10		----- MONTHLY AVERAGE -----	
111,491 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	86,634	6,742,100	\$ 38,422,695.38	\$ 5.70	60.472	\$ 443.51	\$ 344.63		
@PHYSICIANS SERVICES	20,787	62,703	\$ 1,348,680.37	\$ 21.51	.562	\$ 64.88	\$ 12.10		
OUTPATIENT VISITS	4,437	5,990	187,616.59	31.32	.054	42.28	1.68		
OFFICE VISITS	4,176	5,546	160,991.31	29.03	.050	38.55	1.44		
HOME VISITS	1	1	25.20	25.20	.000	25.20	.00		
EMERGENCY ROOM	271	300	23,153.36	77.18	.003	85.44	.21		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	114	143	3,446.72	24.10	.001	30.23	.03		
INPATIENT VISITS	268	1,184	53,370.94	45.08	.011	199.15	.48		
HOSPITAL VISITS	247	1,109	47,454.53	42.79	.010	192.12	.43		
CRITICAL CARE	17	48	5,299.58	110.41	.000	311.74	.05		
SNF/ICF/TRANS IP CARE	18	27	616.83	22.85	.000	34.27	.01		
OPHTHALMOLOGICAL SERVICES	290	377	13,142.36	34.86	.003	45.32	.12		
EXAMINATIONS	279	365	12,872.07	35.27	.003	46.14	.12		
SERVICES AND MATERIALS	12	12	270.29	22.52	.000	22.52	.00		
INPATIENT HOSPITAL SURGERY	108	487	49,605.42	101.86	.004	459.31	.44		
PRINCIPAL SURGEON	81	123	38,426.19	312.41	.001	474.40	.34		
ASSISTANT SURGEON	13	14	2,790.87	199.35	.000	214.68	.03		
ANESTHESIOLOGIST	35	350	8,388.36	23.97	.003	239.67	.08		
OUTPATIENT SURGERY	375	794	100,120.61	126.10	.007	266.99	.90		
PRINCIPAL SURGEON	319	437	87,838.17	201.00	.004	275.35	.79		
ASSISTANT SURGEON	4	4	610.94	152.74	.000	152.74	.01		
ANESTHESIOLOGIST	91	353	11,671.50	33.06	.003	128.26	.10		
DIALYSIS	26	131	6,330.95	48.33	.001	243.50	.06		
PATHOLOGY	748	1,207	8,725.00	7.23	.011	11.66	.08		
RADIOLOGY	1,211	2,319	169,860.77	73.25	.021	140.26	1.52		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	206	875	22,962.50	26.24	.008	111.47	.21		
OTHER SERVICES/ALL X-OVERS	16,355	49,339	736,945.23	14.94	.443	45.06	6.61		
@PHARMACY	73,364	2,574,629	\$ 19,748,275.21	\$ 7.67	23.093	\$ 269.18	\$ 177.13		
PRESCRIPTION DRUGS	72,024	304,451	19,009,013.54	62.44	2.731	263.93	170.50		
SNF/ICF	2,009	12,008	682,222.63	56.81	.108	339.58	6.12		
OUTPATIENTS	70,640	292,443	18,326,790.91	62.67	2.623	259.44	164.38		
MEDICAL SUPPLIES	7,512	2,270,178	739,261.67	.33	20.362	98.41	6.63		
@DENTIST	4,801	20,932	\$ 952,252.41	\$ 45.49	.188	\$ 198.34	\$ 8.54		
VISITS - DIAGNOSTIC	2,878	12,447	138,397.96	11.12	.112	48.09	1.24		
ORAL SURGERY	964	2,464	118,764.40	48.20	.022	123.20	1.07		
DRUGS	4	4	100.00	25.00	.000	25.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	258	267	26,386.00	98.82	.002	102.27	.24		
ENDODONTICS	218	315	73,873.75	234.52	.003	338.87	.66		
RESTORATIVE DENTISTRY	806	1,836	145,478.45	79.24	.016	180.49	1.30		
PROSTHETICS	86	95	2,793.50	29.41	.001	32.48	.03		
DENTURES, STAYPLATES	1,287	3,411	446,458.35	130.89	.031	346.90	4.00		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	85	93	.00	.00	.001	.00	.00		

SACRAMENTO COUNTY		SUMMARY OF SERVICES FOR CASH GRANT - AGED			AID CODE 10		----- MONTHLY AVERAGE -----		-----	
111,491 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	2,128	6,529	\$	126,820.46	\$ 19.42	.059	\$ 59.60	\$ 1.14		
DIAGNOSTIC AND ANC. PROCED	631	671		26,027.82	38.79	.006	41.25	.23		
EYE APPLIANCES	1,744	5,607		92,575.31	16.51	.050	53.08	.83		
OTHER OPTOMETRIC SERVICES	198	251		8,217.33	32.74	.002	41.50	.07		
@CHIROPRACTOR	12	25	\$	335.84	\$ 13.43	.000	\$ 27.99	\$.00		
VISITS	8	13		200.64	15.43	.000	25.08	.00		
OTHER SERVICES	4	12		135.20	11.27	.000	33.80	.00		
@PODIATRIST	1,537	2,454	\$	29,764.96	\$ 12.13	.022	\$ 19.37	\$.27		
MEDICINE/INJECTIONS	144	149		4,722.00	31.69	.001	32.79	.04		
SURGERY/ANES.	13	15		249.40	16.63	.000	19.18	.00		
RADIO./PATHOLOGY	2	3		51.90	17.30	.000	25.95	.00		
OTHER	1,394	2,287		24,741.66	10.82	.021	17.75	.22		
@HOME HEALTH AGENCY	73	425	\$	29,646.78	\$ 69.76	.004	\$ 406.12	\$.27		
NURSE ANESTHESIST	42	349	\$	1,124.30	\$ 3.22	.003	\$ 26.77	\$.01		
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	5	14	\$	295.54	\$ 21.11	.000	\$ 59.11	\$.00		
@TOTAL HOSPITAL	5,589	37,078	\$	5,629,557.06	\$ 151.83	.333	\$ 1007.26	\$ 50.49		
HOSP INPATIENT TOTAL	1,081	4,324		5,086,232.33	1176.28	.039	4705.12	45.62		
HSC HOSPITALS	798	4,175		4,730,696.84	1133.10	.037	5928.19	42.43		
NON-HSC HOSPITAL TOTAL	38	149		142,437.60	955.96	.001	3748.36	1.28		
ACCOMMODATIONS	38	149		54,871.51	368.27	.001	1443.99	.49		
ADMINISTRATIVE DAYS	3	4		759.00	189.75	.000	253.00	.01		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00		
ALL OTHER ACCOM	35	145		54,112.51	373.19	.001	1546.07	.49		
ANCILLARIES	38	0		87,566.09	.00	.000	2304.37	.79		
INPATIENT CROSSOVERS	264	0		213,097.89	.00	.000	807.19	1.91		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	4,661	32,754		543,324.73	16.59	.294	116.57	4.87		
MEDICAL	213	307		10,669.28	34.75	.003	50.09	.10		
SURGERY	67	71		4,772.90	67.22	.001	71.24	.04		
PATHOLOGY	360	2,088		16,541.37	7.92	.019	45.95	.15		
RADIOLOGY	257	445		38,399.36	86.29	.004	149.41	.34		
ROOM USE	407	537		22,149.87	41.25	.005	54.42	.20		
CROSSOVERS/ALL OTH OUTPTNT	4,174	29,306		450,791.95	15.38	.263	108.00	4.04		
@COUNTY HOSPITAL TOTAL	32	92	\$	27,074.98	\$ 294.29	.001	\$ 846.09	\$.24		
CO HOSPITAL INPATIENT TOTAL	7	37		25,801.87	697.35	.000	3685.98	.23		
HSC HOSPITALS	6	30		23,927.09	797.57	.000	3987.85	.21		
NON-HSC HOSPITALS TOTAL	2	7		998.78	142.68	.000	499.39	.01		
ACCOMMODATIONS	2	7		615.21	87.89	.000	307.61	.01		
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00		
ALL OTHER ACCOM	2	7		615.21	87.89	.000	307.61	.01		
ANCILLARIES	2	0		383.57	.00	.000	191.79	.00		
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	.01		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00		
CO HOSP OUTPATIENT TOTAL	26	55		1,273.11	23.15	.000	48.97	.01		
MEDICAL	3	3		89.74	29.91	.000	29.91	.00		
SURGERY	0	0		.00	.00	.000	.00	.00		
PATHOLOGY	0	0		.00	.00	.000	.00	.00		

RADIOLOGY	1	1	29.45	29.45	.000	29.45	.00
ROOM USE	5	5	183.30	36.66	.000	36.66	.00
CROSSOVERS/ALL OTH OUTPTNT	21	46	970.62	21.10	.000	46.22	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,563
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED						
				AID CODE 10			
					----- MONTHLY AVERAGE -----		
111,491 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,558	36,986	\$ 5,602,482.08	\$ 151.48	.332	\$ 1008.00	\$ 50.25
COMM HOSP INPATIENT TOTAL	1,075	4,287	5,060,430.46	1180.41	.038	4707.38	45.39
HSC HOSPITALS	793	4,145	4,706,769.75	1135.53	.037	5935.40	42.22
NON-HSC HOSPITALS TOTAL	36	142	141,438.82	996.05	.001	3928.86	1.27
ACCOMMODATIONS	36	142	54,256.30	382.09	.001	1507.12	.49
ADMINISTRATIVE DAYS	3	4	759.00	189.75	.000	253.00	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	33	138	53,497.30	387.66	.001	1621.13	.48
ANCILLARIES	36	0	87,182.52	.00	.000	2421.74	.78
INPATIENT CROSSOVERS	263	0	212,221.89	.00	.000	806.93	1.90
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,635	32,699	542,051.62	16.58	.293	116.95	4.86
MEDICAL	210	304	10,579.54	34.80	.003	50.38	.09
SURGERY	67	71	4,772.90	67.22	.001	71.24	.04
PATHOLOGY	360	2,088	16,541.37	7.92	.019	45.95	.15
RADIOLOGY	256	444	38,369.91	86.42	.004	149.88	.34
ROOM USE	402	532	21,966.57	41.29	.005	54.64	.20
CROSSOVERS/ALL OTH OUTPTNT	4,153	29,260	449,821.33	15.37	.262	108.31	4.03
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,584	38,822	\$ 5,282,745.09	\$ 136.08	.348	\$ 3335.07	\$ 47.38
LEV A-INTERMEDIATE	14	444	31,020.49	69.87	.004	2215.75	.28
LEV B-REHAB MD	11	363	45,455.81	125.22	.003	4132.35	.41
LEV B-SUBACUTE FREESTANDING	4	123	46,883.00	381.16	.001	11720.75	.42
LEV B-SUBACUTE HSPTL BASED	7	155	79,472.28	512.72	.001	11353.18	.71
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,554	37,737	5,079,913.51	134.61	.338	3268.93	45.56
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	440	2,260	\$ 346,038.84	\$ 153.11	.020	\$ 786.45	\$ 3.10
HOSPITAL BASED	4	50	9,805.36	196.11	.000	2451.34	.09
HEMODIALYSIS CENTER	436	2,210	336,233.48	152.14	.020	771.18	3.02
@REHABILITATION FACILITY	8	23	\$ 566.29	\$ 24.62	.000	\$ 70.79	\$.01
HOSPITAL BASED	8	23	566.29	24.62	.000	70.79	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,670	5,752	\$ 63,095.71	\$ 10.97	.052	\$ 37.78	\$.57
PATHOLOGY	1,475	5,384	58,505.05	10.87	.048	39.66	.52
XO AND OTHERS	195	368	4,590.66	12.47	.003	23.54	.04
@ORGANIZED OUTPATIENT CLINIC	834	3,045	\$ 136,638.52	\$ 44.87	.027	\$ 163.84	\$ 1.23
CLINIC	285	1,743	37,115.12	21.29	.016	130.23	.33
SURGICENTER	356	1,026	82,283.40	80.20	.009	231.13	.74
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	194	276	17,240.00	62.46	.002	88.87	.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,564

111,491 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17,458	3,987,060	\$ 4,726,858.00	\$ 1.19	35.761	\$ 270.76	\$ 42.40
DURABLE MED. EQUIP.	717	1,421	165,624.32	116.55	.013	231.00	1.49
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	66	83	34,263.30	412.81	.001	519.14	.31
MEDICAL TRANSPORTATION	1,639	82,231	335,256.82	4.08	.738	204.55	3.01
AMBULANCES/AIR TRANS	331	1,648	34,962.89	21.22	.015	105.63	.31
OTHER TRANS	1,085	78,548	292,882.68	3.73	.705	269.94	2.63
OTHER SERVICES	282	2,035	7,411.25	3.64	.018	26.28	.07
ACUPUNCTURE	2,107	4,915	86,219.92	17.54	.044	40.92	.77
ADULT DAY HEALTH CARE CTR	2,512	35,819	2,471,252.25	68.99	.321	983.78	22.17
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	987	6,817	370,398.33	54.33	.061	375.28	3.32
OCCUPATIONAL THERAPIST	2	62	198.21	3.20	.001	99.11	.00
OPTICIAN	2,371	5,802	65,901.85	11.36	.052	27.79	.59
PHYSICAL THERAPIST	69	633	8,284.64	13.09	.006	120.07	.07
PORTABLE X-RAY	93	174	396.13	2.28	.002	4.26	.00
PROSTHETIST/ORTHOTISTS	70	178	4,688.69	26.34	.002	66.98	.04
PROSTHETICS	70	178	4,688.69	26.34	.002	66.98	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	7	11	25.28	2.30	.000	3.61	.00
SPEECH AND AUDIOLOGY	412	1,110	122,765.05	110.60	.010	297.97	1.10
HOSPICE SERVICES	130	3,234	432,206.36	133.64	.029	3324.66	3.88
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	4	34.49	8.62	.000	11.50	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8,289	3,844,566	629,342.36	.16	34.483	75.93	5.64
@CALIF. CHILDREN SERVICES*	2	6	\$ 376.80	\$ 62.80	.000	\$ 188.40	\$.00
@XOVER EXCLUDING STATE HOSP**	23,432	305,468	\$ 2,449,628.17	\$ 8.02	2.740	\$ 104.54	\$ 21.97

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

11,253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,696	897,271	\$ 6,612,435.46	\$ 7.37	79.736	\$ 760.40	\$ 587.62
@PHYSICIANS SERVICES	3,100	9,800	\$ 342,830.85	\$ 34.98	.871	\$ 110.59	\$ 30.47
OUTPATIENT VISITS	1,626	2,382	80,794.69	33.92	.212	49.69	7.18
OFFICE VISITS	1,264	1,766	53,710.67	30.41	.157	42.49	4.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	236	269	18,442.68	68.56	.024	78.15	1.64
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	5	25	509.69	20.39	.002	101.94	.05
OTHER OUTPATIENT	244	321	8,094.26	25.22	.029	33.17	.72
INPATIENT VISITS	154	745	38,402.67	51.55	.066	249.37	3.41
HOSPITAL VISITS	120	628	27,478.09	43.75	.056	228.98	2.44
CRITICAL CARE	16	69	9,351.45	135.53	.006	584.47	.83

SNF/ICF/TRANS IP CARE	33	48		1,573.13		32.77	.004	47.67	.14
OPHTHALMOLOGICAL SERVICES	194	260		9,927.14		38.18	.023	51.17	.88
EXAMINATIONS	190	255		9,808.91		38.47	.023	51.63	.87
SERVICES AND MATERIALS	5	5		118.23		23.65	.000	23.65	.01
INPATIENT HOSPITAL SURGERY	48	225		27,585.57		122.60	.020	574.70	2.45
PRINCIPAL SURGEON	36	56		21,902.73		391.12	.005	608.41	1.95
ASSISTANT SURGEON	5	5		1,420.28		284.06	.000	284.06	.13
ANESTHESIOLOGIST	19	164		4,262.56		25.99	.015	224.35	.38
OUTPATIENT SURGERY	189	491		53,711.57		109.39	.044	284.19	4.77
PRINCIPAL SURGEON	154	203		45,198.46		222.65	.018	293.50	4.02
ASSISTANT SURGEON	4	4		938.57		234.64	.000	234.64	.08
ANESTHESIOLOGIST	52	284		7,574.54		26.67	.025	145.66	.67
DIALYSIS	79	356		22,291.02		62.62	.032	282.16	1.98
PATHOLOGY	218	400		3,649.75		9.12	.036	16.74	.32
RADIOLOGY	479	916		37,658.56		41.11	.081	78.62	3.35
PSYCHIATRY	1	1		32.98		32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	72	116		1,912.38		16.49	.010	26.56	.17
OTHER SERVICES/ALL X-OVERS	1,327	3,908		66,864.52		17.11	.347	50.39	5.94
@PHARMACY	6,904	331,330	\$	2,691,701.29	\$	8.12	29.444	\$ 389.88	\$ 239.20
PRESCRIPTION DRUGS	6,714	32,189		2,519,901.46		78.28	2.860	375.32	223.93
SNF/ICF	194	988		101,205.75		102.43	.088	521.68	8.99
OUTPATIENTS	6,604	31,201		2,418,695.71		77.52	2.773	366.25	214.94
MEDICAL SUPPLIES	1,346	299,141		171,799.83		.57	26.583	127.64	15.27
@DENTIST	485	2,407	\$	74,817.25	\$	31.08	.214	\$ 154.26	\$ 6.65
VISITS - DIAGNOSTIC	334	1,653		19,887.90		12.03	.147	59.54	1.77
ORAL SURGERY	89	236		12,832.00		54.37	.021	144.18	1.14
DRUGS	1	1		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	32	35		3,523.00		100.66	.003	110.09	.31
ENDODONTICS	21	23		5,876.00		255.48	.002	279.81	.52
RESTORATIVE DENTISTRY	101	262		13,073.00		49.90	.023	129.44	1.16
PROSTHETICS	5	5		140.00		28.00	.000	28.00	.01

DENTURES, STAYPLATES	50	171	18,960.35	110.88	.015	379.21	1.68
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	8	9	525.00	58.33	.001	65.63	.05
ALL OTHER SERVICES	16	12	.00	.00	.001	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

11,253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	137	375	\$ 8,969.57	\$ 23.92	.033	\$ 65.47	\$.80
DIAGNOSTIC AND ANC. PROCED	62	63	2,451.81	38.92	.006	39.55	.22
EYE APPLIANCES	104	304	6,169.84	20.30	.027	59.33	.55
OTHER OPTOMETRIC SERVICES	5	8	347.92	43.49	.001	69.58	.03
@CHIROPRACTOR	18	28	\$ 468.16	\$ 16.72	.002	\$ 26.01	\$.04
VISITS	17	27	451.44	16.72	.002	26.56	.04
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	205	318	\$ 5,012.18	\$ 15.76	.028	\$ 24.45	\$.45
MEDICINE/INJECTIONS	52	55	1,643.80	29.89	.005	31.61	.15
SURGERY/ANES.	6	10	181.06	18.11	.001	30.18	.02
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	155	251	3,152.72	12.56	.022	20.34	.28
@HOME HEALTH AGENCY	133	7,929	\$ 250,472.75	\$ 31.59	.705	\$ 1883.25	\$ 22.26
NURSE ANESTHESIST	7	60	\$ 174.99	\$ 2.92	.005	\$ 25.00	\$.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	10	\$ 182.49	\$ 18.25	.001	\$ 45.62	\$.02
@TOTAL HOSPITAL	1,273	9,309	\$ 1,327,968.72	\$ 142.65	.827	\$ 1043.18	\$ 118.01
HOSP INPATIENT TOTAL	154	850	1,028,290.83	1209.75	.076	6677.21	91.38
HSC HOSPITALS	125	805	980,135.97	1217.56	.072	7841.09	87.10
NON-HSC HOSPITAL TOTAL	4	45	24,114.56	535.88	.004	6028.64	2.14
ACCOMMODATIONS	4	45	12,323.63	273.86	.004	3080.91	1.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	45	12,323.63	273.86	.004	3080.91	1.10
ANCILLARIES	4	0	11,790.93	.00	.000	2947.73	1.05
INPATIENT CROSSOVERS	28	0	24,040.30	.00	.000	858.58	2.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,172	8,459	299,677.89	35.43	.752	255.70	26.63
MEDICAL	194	282	9,235.21	32.75	.025	47.60	.82
SURGERY	76	84	6,156.41	73.29	.007	81.01	.55
PATHOLOGY	357	2,310	18,832.96	8.15	.205	52.75	1.67
RADIOLOGY	220	326	27,503.13	84.37	.029	125.01	2.44
ROOM USE	630	1,003	39,676.89	39.56	.089	62.98	3.53
CROSSOVERS/ALL OTH OUTPTNT	563	4,454	198,273.29	44.52	.396	352.17	17.62
@COUNTY HOSPITAL TOTAL	3	63	\$ 38,742.15	\$ 614.95	.006	\$ 12914.05	\$ 3.44
CO HOSPITAL INPATIENT TOTAL	1	52	38,601.54	742.34	.005	38601.54	3.43
HSC HOSPITALS	1	30	33,000.00	1100.00	.003	33000.00	2.93
NON-HSC HOSPITALS TOTAL	1	22	5,601.54	254.62	.002	5601.54	.50
ACCOMMODATIONS	1	22	5,088.60	231.30	.002	5088.60	.45
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	22	5,088.60	231.30	.002	5088.60	.45
ANCILLARIES	1	0	512.94	.00	.000	512.94	.05

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	11	140.61	12.78	.001	70.31	.01
MEDICAL	1	1	8.44	8.44	.000	8.44	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	47.28	9.46	.000	47.28	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	52.23	52.23	.000	52.23	.00
CROSSOVERS/ALL OTH OUTPTNT	2	4	32.66	8.17	.000	16.33	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

11,253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,272	9,246	\$ 1,289,226.57	\$ 139.44	.822	\$ 1013.54	\$ 114.57
COMM HOSP INPATIENT TOTAL	153	798	989,689.29	1240.21	.071	6468.56	87.95
HSC HOSPITALS	124	775	947,135.97	1222.11	.069	7638.19	84.17
NON-HSC HOSPITALS TOTAL	3	23	18,513.02	804.91	.002	6171.01	1.65
ACCOMMODATIONS	3	23	7,235.03	314.57	.002	2411.68	.64
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	23	7,235.03	314.57	.002	2411.68	.64
ANCILLARIES	3	0	11,277.99	.00	.000	3759.33	1.00
INPATIENT CROSSOVERS	28	0	24,040.30	.00	.000	858.58	2.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,172	8,448	299,537.28	35.46	.751	255.58	26.62
MEDICAL	193	281	9,226.77	32.84	.025	47.81	.82
SURGERY	76	84	6,156.41	73.29	.007	81.01	.55
PATHOLOGY	357	2,305	18,785.68	8.15	.205	52.62	1.67
RADIOLOGY	220	326	27,503.13	84.37	.029	125.01	2.44
ROOM USE	629	1,002	39,624.66	39.55	.089	63.00	3.52
CROSSOVERS/ALL OTH OUTPTNT	561	4,450	198,240.63	44.55	.395	353.37	17.62
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	104	2,464	\$ 373,670.87	\$ 151.65	.219	\$ 3592.99	\$ 33.21
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	104	2,464	373,670.87	151.65	.219	3592.99	33.21
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	280	12,684	\$ 449,375.19	\$ 35.43	1.127	\$ 1604.91	\$ 39.93
HOSPITAL BASED	9	149	28,810.52	193.36	.013	3201.17	2.56
HEMODIALYSIS CENTER	271	12,535	420,564.67	33.55	1.114	1551.90	37.37
@REHABILITATION FACILITY	107	711	\$ 14,191.87	\$ 19.96	.063	\$ 132.63	\$ 1.26
HOSPITAL BASED	10	16	740.36	46.27	.001	74.04	.07
INDEPENDENT FACILITY	97	695	13,451.51	19.35	.062	138.68	1.20
@LABORATORY FACILITY	465	1,912	\$ 20,821.72	\$ 10.89	.170	\$ 44.78	\$ 1.85
PATHOLOGY	462	1,901	20,768.91	10.93	.169	44.95	1.85
XO AND OTHERS	3	11	52.81	4.80	.001	17.60	.00

@ORGANIZED OUTPATIENT CLINIC	179	566	\$	36,323.97	\$	64.18	.050	\$	202.93	\$	3.23
CLINIC	110	395		23,341.83		59.09	.035		212.20		2.07
SURGICENTER	26	116		4,799.12		41.37	.010		184.58		.43
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	44	55		8,183.02		148.78	.005		185.98		.73

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,568
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

11,253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,295	517,368	\$ 1,015,453.59	\$ 1.96	45.976	\$ 442.46	\$ 90.24
DURABLE MED. EQUIP.	212	617	102,384.11	165.94	.055	482.94	9.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	16	2,219.80	138.74	.001	201.80	.20
MEDICAL TRANSPORTATION	493	56,243	212,839.94	3.78	4.998	431.72	18.91
AMBULANCES/AIR TRANS	187	1,211	24,461.75	20.20	.108	130.81	2.17
OTHER TRANS	311	54,786	187,770.86	3.43	4.869	603.76	16.69
OTHER SERVICES	31	246	607.33	2.47	.022	19.59	.05
ACUPUNCTURE	67	158	2,757.33	17.45	.014	41.15	.25
ADULT DAY HEALTH CARE CTR	126	1,957	133,063.93	67.99	.174	1056.06	11.82
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	137	5,977	165,504.15	27.69	.531	1208.06	14.71
OCCUPATIONAL THERAPIST	6	103	563.97	5.48	.009	94.00	.05
OPTICIAN	166	393	9,602.77	24.43	.035	57.85	.85
PHYSICAL THERAPIST	8	48	656.83	13.68	.004	82.10	.06
PORTABLE X-RAY	5	13	364.23	28.02	.001	72.85	.03
PROSTHETIST/ORTHOTISTS	31	143	16,737.60	117.05	.013	539.92	1.49
PROSTHETICS	31	143	16,737.60	117.05	.013	539.92	1.49
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	6	109.50	18.25	.001	54.75	.01
SPEECH AND AUDIOLOGY	83	338	19,276.89	57.03	.030	232.25	1.71
HOSPICE SERVICES	11	330	45,278.05	137.21	.029	4116.19	4.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	502	54,312	175,454.84	3.23	4.826	349.51	15.59
EPSDT SUPPLEMENTAL SERVICE	10	1,046	30,762.86	29.41	.093	3076.29	2.73
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	802	395,665	97,561.79	.25	35.161	121.65	8.67
@CALIF. CHILDREN SERVICES*	382	28,272	\$ 604,941.05	\$ 21.40	2.512	\$ 1583.62	\$ 53.76
@XOVER EXCLUDING STATE HOSP**	1,603	19,181	\$ 307,343.63	\$ 16.02	1.705	\$ 191.73	\$ 27.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,569
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

413,155 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	346,751	15,001,618	\$ 225,878,367.53	\$ 15.06	36.310	\$ 651.41	\$ 546.72
@PHYSICIANS SERVICES	126,817	429,255	\$ 15,644,646.67	\$ 36.45	1.039	\$ 123.36	\$ 37.87
OUTPATIENT VISITS	79,083	113,980	3,937,668.42	34.55	.276	49.79	9.53
OFFICE VISITS	62,288	86,328	2,613,686.11	30.28	.209	41.96	6.33
HOME VISITS	178	235	8,722.05	37.12	.001	49.00	.02
EMERGENCY ROOM	12,533	15,455	989,232.13	64.01	.037	78.93	2.39

PREVENTIVE CARE	9	9	446.92	49.66	.000	49.66	.00
OB VISITS/COMPRE PERI	359	843	43,674.30	51.81	.002	121.66	.11
OTHER OUTPATIENT	8,850	11,110	281,906.91	25.37	.027	31.85	.68
INPATIENT VISITS	6,654	36,298	1,871,317.37	51.55	.088	281.23	4.53
HOSPITAL VISITS	5,494	30,838	1,305,460.35	42.33	.075	237.62	3.16
CRITICAL CARE	672	3,401	500,815.75	147.26	.008	745.26	1.21
SNF/ICF/TRANS IP CARE	1,137	2,059	65,041.27	31.59	.005	57.20	.16
OPHTHALMOLOGICAL SERVICES	2,113	2,688	102,117.35	37.99	.007	48.33	.25
EXAMINATIONS	1,915	2,487	98,027.84	39.42	.006	51.19	.24
SERVICES AND MATERIALS	201	201	4,089.51	20.35	.000	20.35	.01
INPATIENT HOSPITAL SURGERY	2,794	17,310	1,534,127.35	88.63	.042	549.08	3.71
PRINCIPAL SURGEON	2,077	3,381	1,152,453.60	340.86	.008	554.86	2.79
ASSISTANT SURGEON	259	292	62,872.86	215.32	.001	242.75	.15
ANESTHESIOLOGIST	1,115	13,637	318,800.89	23.38	.033	285.92	.77
OUTPATIENT SURGERY	6,633	15,067	1,370,977.89	90.99	.036	206.69	3.32
PRINCIPAL SURGEON	5,620	7,227	1,139,483.20	157.67	.017	202.76	2.76
ASSISTANT SURGEON	50	50	8,093.79	161.88	.000	161.88	.02
ANESTHESIOLOGIST	1,419	7,790	223,400.90	28.68	.019	157.44	.54
DIALYSIS	866	3,452	279,587.84	80.99	.008	322.85	.68
PATHOLOGY	10,783	22,772	292,258.13	12.83	.055	27.10	.71
RADIOLOGY	24,221	50,294	2,436,352.11	48.44	.122	100.59	5.90
PSYCHIATRY	54	63	2,806.03	44.54	.000	51.96	.01
IMMUNIZATION AND INJECTION	4,046	27,328	852,612.48	31.20	.066	210.73	2.06
OTHER SERVICES/ALL X-OVERS	46,547	140,003	2,964,821.70	21.18	.339	63.70	7.18
@PHARMACY	269,204	6,427,363	\$ 113,217,753.95	\$ 17.61	15.557	\$ 420.56	\$ 274.03
PRESCRIPTION DRUGS	265,283	1,266,948	105,770,572.52	83.48	3.067	398.71	256.01
SNF/ICF	5,940	40,589	3,442,698.03	84.82	.098	579.58	8.33
OUTPATIENTS	261,191	1,226,359	102,327,874.49	83.44	2.968	391.77	247.67
MEDICAL SUPPLIES	27,623	5,160,415	7,447,181.43	1.44	12.490	269.60	18.03
@DENTIST	23,342	110,280	\$ 3,999,141.10	\$ 36.26	.267	\$ 171.33	\$ 9.68
VISITS - DIAGNOSTIC	15,391	71,026	839,177.34	11.82	.172	54.52	2.03
ORAL SURGERY	4,365	10,946	561,024.83	51.25	.026	128.53	1.36
DRUGS	29	30	480.00	16.00	.000	16.55	.00
ANESTHESIA	36	39	3,200.00	82.05	.000	88.89	.01
PERIODONTICS	1,586	1,743	189,781.10	108.88	.004	119.66	.46
ENDODONTICS	1,366	1,976	449,270.10	227.36	.005	328.89	1.09
RESTORATIVE DENTISTRY	6,116	14,457	960,952.65	66.47	.035	157.12	2.33
PROSTHETICS	305	322	10,170.50	31.59	.001	33.35	.02
DENTURES, STAYPLATES	2,889	8,900	972,392.40	109.26	.022	336.58	2.35
SPACE MAINTAINERS	9	10	1,000.00	100.00	.000	111.11	.00
MAXILLOFACIAL SERVICES	10	11	912.18	82.93	.000	91.22	.00
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	128	146	9,615.00	65.86	.000	75.12	.02
ALL OTHER SERVICES	529	673	1,025.00	1.52	.002	1.94	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,570
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60			
				----- MONTHLY AVERAGE -----			
413,155 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	9,034	28,211	\$ 593,340.27	\$ 21.03	.068	\$ 65.68	\$ 1.44
DIAGNOSTIC AND ANC. PROCED	4,889	5,328	211,079.13	39.62	.013	43.17	.51
EYE APPLIANCES	7,410	22,313	366,627.10	16.43	.054	49.48	.89
OTHER OPTOMETRIC SERVICES	452	570	15,634.04	27.43	.001	34.59	.04
@CHIROPRACTOR	771	1,494	\$ 24,688.93	\$ 16.53	.004	\$ 32.02	\$.06
VISITS	754	1,461	24,257.12	16.60	.004	32.17	.06

OTHER SERVICES	17	33		431.81	13.09	.000	25.40	.00
@PODIATRIST	5,039	7,951	\$	146,343.29	\$ 18.41	.019	\$ 29.04	\$.35
MEDICINE/INJECTIONS	2,161	2,403		69,709.06	29.01	.006	32.26	.17
SURGERY/ANES.	166	261		10,598.01	40.61	.001	63.84	.03
RADIO./PATHOLOGY	145	193		3,365.73	17.44	.000	23.21	.01
OTHER	2,866	5,094		62,670.49	12.30	.012	21.87	.15
@HOME HEALTH AGENCY	2,300	123,123	\$	4,467,435.22	\$ 35.70	.303	\$ 1942.36	\$ 10.81
NURSE ANESTHESIST	117	1,050	\$	3,968.33	\$ 3.78	.003	\$ 33.92	\$.01
NURSE MIDWIFE	5	30	\$	1,260.08	\$ 42.00	.000	\$ 252.02	\$.00
PEDIATRIC NURSE PRACTITIONER	16	17	\$	499.79	\$ 29.40	.000	\$ 31.24	\$.00
FAMILY NURSE PRACTITIONER	910	2,426	\$	54,830.28	\$ 22.60	.006	\$ 60.25	\$.13
@TOTAL HOSPITAL	47,945	349,422	\$	47,099,617.98	\$ 134.79	.846	\$ 982.37	\$ 114.00
HOSP INPATIENT TOTAL	5,830	31,465		39,406,178.84	1252.38	.076	6759.21	95.38
HSC HOSPITALS	4,614	27,954		35,268,340.80	1261.66	.068	7643.77	85.36
NON-HSC HOSPITAL TOTAL	452	3,511		3,237,886.11	922.21	.008	7163.46	7.84
ACCOMMODATIONS	450	3,511		1,521,721.69	433.42	.008	3381.60	3.68
ADMINISTRATIVE DAYS	15	97		20,290.77	209.18	.000	1352.72	.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	435	3,414		1,501,430.92	439.79	.008	3451.57	3.63
ANCILLARIES	445	0		1,716,164.42	.00	.000	3856.55	4.15
INPATIENT CROSSEOVERS	941	0		899,951.93	.00	.000	956.38	2.18
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	44,158	317,957		7,693,439.14	24.20	.770	174.23	18.62
MEDICAL	10,051	16,442		693,004.95	42.15	.040	68.95	1.68
SURGERY	2,730	3,121		146,776.88	47.03	.008	53.76	.36
PATHOLOGY	16,224	115,922		938,880.24	8.10	.281	57.87	2.27
RADIOLOGY	10,198	17,248		1,572,429.96	91.17	.042	154.19	3.81
ROOM USE	24,110	35,813		1,359,799.73	37.97	.087	56.40	3.29
CROSSEOVERS/ALL OTH OUTPTNT	21,069	129,411		2,982,547.38	23.05	.313	141.56	7.22
@COUNTY HOSPITAL TOTAL	291	1,325	\$	234,141.70	\$ 176.71	.003	\$ 804.61	\$.57
CO HOSPITAL INPATIENT TOTAL	33	166		198,971.35	1198.62	.000	6029.43	.48
HSC HOSPITALS	28	138		159,832.02	1158.20	.000	5708.29	.39

NON-HSC HOSPITALS TOTAL	5	28	39,139.33	1397.83	.000	7827.87	.09
ACCOMMODATIONS	4	28	15,180.30	542.15	.000	3795.08	.04
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	28	15,180.30	542.15	.000	3795.08	.04
ANCILLARIES	5	0	23,959.03	.00	.000	4791.81	.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	266	1,159	35,170.35	30.35	.003	132.22	.09
MEDICAL	103	139	4,831.51	34.76	.000	46.91	.01
SURGERY	23	34	1,154.68	33.96	.000	50.20	.00
PATHOLOGY	103	463	7,385.43	15.95	.001	71.70	.02
RADIOLOGY	42	65	7,127.54	109.65	.000	169.70	.02
ROOM USE	156	205	9,035.77	44.08	.000	57.92	.02
CROSSOVERS/ALL OTH OUTPTNT	119	253	5,635.42	22.27	.001	47.36	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,571
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
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		----- MONTHLY AVERAGE -----						
413,155 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	47,711	348,097	\$ 46,865,476.28	\$ 134.63	.843	\$ 982.28	\$ 113.43	
COMM HOSP INPATIENT TOTAL	5,801	31,299	39,207,207.49	1252.67	.076	6758.70	94.90	
HSC HOSPITALS	4,589	27,816	35,108,508.78	1262.17	.067	7650.58	84.98	
NON-HSC HOSPITALS TOTAL	447	3,483	3,198,746.78	918.39	.008	7156.03	7.74	
ACCOMMODATIONS	446	3,483	1,506,541.39	432.54	.008	3377.90	3.65	
ADMINISTRATIVE DAYS	15	97	20,290.77	209.18	.000	1352.72	.05	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	431	3,386	1,486,250.62	438.94	.008	3448.38	3.60	
ANCILLARIES	440	0	1,692,205.39	.00	.000	3845.92	4.10	
INPATIENT CROSSOVERS	941	0	899,951.93	.00	.000	956.38	2.18	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	43,939	316,798	7,658,268.79	24.17	.767	174.29	18.54	
MEDICAL	9,954	16,303	688,173.44	42.21	.039	69.14	1.67	
SURGERY	2,707	3,087	145,622.20	47.17	.007	53.79	.35	
PATHOLOGY	16,135	115,459	931,494.81	8.07	.279	57.73	2.25	
RADIOLOGY	10,158	17,183	1,565,302.42	91.10	.042	154.10	3.79	
ROOM USE	23,978	35,608	1,350,763.96	37.93	.086	56.33	3.27	
CROSSOVERS/ALL OTH OUTPTNT	20,968	129,158	2,976,911.96	23.05	.313	141.97	7.21	
@STATE HOSPITAL	17	518	\$ 315,595.70	\$ 609.26	.001	\$ 18564.45	\$.76	
MENTALLY ILL	1	31	14,349.35	462.88	.000	14349.35	.03	
DEVELOP. DISABLED	16	487	301,246.35	618.58	.001	18827.90	.73	
@NURSING FACILITY	2,779	76,305	\$ 12,040,114.11	\$ 157.79	.185	\$ 4332.53	\$ 29.14	
LEV A-INTERMEDIATE	53	1,587	138,624.18	87.35	.004	2615.55	.34	
LEV B-REHAB MD	81	2,373	297,825.36	125.51	.006	3676.86	.72	
LEV B-SUBACUTE FREESTANDING	13	395	255,828.69	647.67	.001	19679.13	.62	
LEV B-SUBACUTE HSPTL BASED	97	2,882	1,636,675.10	567.90	.007	16872.94	3.96	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	2,538	69,068	9,711,160.78	140.60	.167	3826.30	23.50	
@INTERMEDIATE CARE FACIL.-DD	672	20,039	\$ 3,238,681.38	\$ 161.62	.049	\$ 4819.47	\$ 7.84	
ICF DDH	380	11,589	1,967,883.54	169.81	.028	5178.64	4.76	
ICF DD	263	7,654	1,102,383.30	144.03	.019	4191.57	2.67	
ICF DDN/DDCN	29	796	168,414.54	211.58	.002	5807.40	.41	
@HEMODIALYSIS TOTAL	3,563	127,599	\$ 5,185,529.20	\$ 40.64	.309	\$ 1455.38	\$ 12.55	
HOSPITAL BASED	102	1,871	356,933.44	190.77	.005	3499.35	.86	
HEMODIALYSIS CENTER	3,464	125,728	4,828,595.76	38.41	.304	1393.94	11.69	

@REHABILITATION FACILITY	1,703	13,167	\$	265,439.24	\$	20.16	.032	\$	155.87	\$	.64
HOSPITAL BASED	670	2,332		68,570.51		29.40	.006		102.34		.17
INDEPENDENT FACILITY	1,040	10,835		196,868.73		18.17	.026		189.30		.48
@LABORATORY FACILITY	25,332	115,401	\$	1,271,067.52	\$	11.01	.279	\$	50.18	\$	3.08
PATHOLOGY	25,072	114,496		1,264,112.46		11.04	.277		50.42		3.06
XO AND OTHERS	267	905		6,955.06		7.69	.002		26.05		.02
@ORGANIZED OUTPATIENT CLINIC	9,100	24,631	\$	1,057,287.72	\$	42.93	.060	\$	116.19	\$	2.56
CLINIC	5,614	15,065		325,266.78		21.59	.036		57.94		.79
SURGICENTER	1,000	4,933		187,392.81		37.99	.012		187.39		.45
HEROIN DETOX CLINIC	39	479		4,929.78		10.29	.001		126.40		.01
RURAL HEALTH CLINIC	2,483	4,154		539,698.35		129.92	.010		217.36		1.31
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60										

----- MONTHLY AVERAGE -----											
413,155 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@ALL OTHER PROVIDERS	63,301	7,141,336	\$ 17,251,126.77	\$ 2.42	17.285	\$ 272.53	\$ 41.75				
DURABLE MED. EQUIP.	4,991	20,315	2,898,011.22	142.65	.049	580.65	7.01				
BLOOD BANK	0	0	.00	.00	.000	.00	.00				
HEARING AID DISPENSERS	102	122	28,283.33	231.83	.000	277.29	.07				
MEDICAL TRANSPORTATION	11,053	583,501	2,722,884.38	4.67	1.412	246.35	6.59				
AMBULANCES/AIR TRANS	7,251	54,908	1,011,126.05	18.41	.133	139.45	2.45				
OTHER TRANS	3,416	523,430	1,669,569.89	3.19	1.267	488.75	4.04				
OTHER SERVICES	889	5,163	42,188.44	8.17	.012	47.46	.10				
ACUPUNCTURE	2,203	4,990	87,607.18	17.56	.012	39.77	.21				
ADULT DAY HEALTH CARE CTR	2,082	30,582	2,114,714.49	69.15	.074	1015.71	5.12				
GENETIC DISEASE TESTING	96	96	10,032.00	104.50	.000	104.50	.02				
IHMC,MODEL-NF,NF,AIDS,MSSP	1,871	63,890	2,265,296.49	35.46	.155	1210.74	5.48				
OCCUPATIONAL THERAPIST	99	3,914	12,954.37	3.31	.009	130.85	.03				
OPTICIAN	10,163	23,648	262,053.91	11.08	.057	25.79	.63				
PHYSICAL THERAPIST	423	3,775	51,888.15	13.75	.009	122.67	.13				
PORTABLE X-RAY	184	404	7,959.28	19.70	.001	43.26	.02				
PROSTHETIST/ORTHOTISTS	593	2,162	233,688.53	108.09	.005	394.08	.57				
PROSTHETICS	590	2,158	233,354.95	108.13	.005	395.52	.56				
ORTHOTICS	4	4	333.58	83.40	.000	83.40	.00				
PSYCHOLOGIST	84	172	5,542.90	32.23	.000	65.99	.01				
SPEECH AND AUDIOLOGY	4,330	17,853	765,544.53	42.88	.043	176.80	1.85				
HOSPICE SERVICES	224	6,159	821,650.20	133.41	.015	3668.08	1.99				
NONINST BIRTHING CENTERS	1	1	1,106.68	1106.68	.000	1106.68	.00				
LOCAL EDUCATION AGENCIES	14,292	384,278	2,902,204.87	7.55	.930	203.06	7.02				
EPSDT SUPPLEMENTAL SERVICE	95	7,086	207,509.62	29.28	.017	2184.31	.50				
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00				
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00				
ALL OTHER PROVIDERS	15,969	5,988,388	1,852,194.64	.31	14.494	115.99	4.48				
@CALIF. CHILDREN SERVICES*	8,313	334,240	\$ 15,639,073.06	\$ 46.79	.809	\$ 1881.28	\$ 37.85				
@XOVER EXCLUDING STATE HOSP**	43,207	392,266	\$ 6,246,283.62	\$ 15.92	.949	\$ 144.57	\$ 15.12				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 10,573
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

----- MONTHLY AVERAGE -----											
131,087 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				

@TOTAL, ALL PROVIDERS	100,931	646,077	\$	26,403,319.17	\$	40.87	4.929	\$	261.60	\$	201.42
@PHYSICIANS SERVICES	23,465	62,669	\$	3,612,824.47	\$	57.65	.478	\$	153.97	\$	27.56
OUTPATIENT VISITS	17,643	23,089		933,277.56		40.42	.176		52.90		7.12
OFFICE VISITS	11,558	14,041		513,004.35		36.54	.107		44.39		3.91
HOME VISITS	179	197		6,255.99		31.76	.002		34.95		.05
EMERGENCY ROOM	3,743	4,138		222,485.51		53.77	.032		59.44		1.70
PREVENTIVE CARE	67	67		3,097.70		46.23	.001		46.23		.02
OB VISITS/COMPRE PERI	970	2,406		125,495.04		52.16	.018		129.38		.96
OTHER OUTPATIENT	1,929	2,240		62,938.97		28.10	.017		32.63		.48
INPATIENT VISITS	1,754	8,879		917,933.47		103.38	.068		523.34		7.00
HOSPITAL VISITS	1,437	4,722		255,513.56		54.11	.036		177.81		1.95
CRITICAL CARE	509	4,110		660,200.03		160.63	.031		1297.05		5.04
SNF/ICF/TRANS IP CARE	8	47		2,219.88		47.23	.000		277.49		.02
OPHTHALMOLOGICAL SERVICES	328	451		19,312.25		42.82	.003		58.88		.15
EXAMINATIONS	289	411		18,492.32		44.99	.003		63.99		.14
SERVICES AND MATERIALS	40	40		819.93		20.50	.000		20.50		.01
INPATIENT HOSPITAL SURGERY	1,143	6,453		728,303.33		112.86	.049		637.19		5.56
PRINCIPAL SURGEON	745	1,012		550,195.64		543.67	.008		738.52		4.20
ASSISTANT SURGEON	124	128		28,755.70		224.65	.001		231.90		.22
ANESTHESIOLOGIST	532	5,313		149,351.99		28.11	.041		280.74		1.14
OUTPATIENT SURGERY	1,290	3,153		268,382.83		85.12	.024		208.05		2.05
PRINCIPAL SURGEON	1,083	1,350		213,526.14		158.17	.010		197.16		1.63
ASSISTANT SURGEON	5	5		1,138.83		227.77	.000		227.77		.01
ANESTHESIOLOGIST	326	1,798		53,717.86		29.88	.014		164.78		.41
DIALYSIS	11	30		2,642.97		88.10	.000		240.27		.02
PATHOLOGY	1,787	3,899		64,517.47		16.55	.030		36.10		.49
RADIOLOGY	4,298	8,500		345,704.33		40.67	.065		80.43		2.64
PSYCHIATRY	10	10		816.00		81.60	.000		81.60		.01
IMMUNIZATION AND INJECTION	340	920		17,014.80		18.49	.007		50.04		.13
OTHER SERVICES/ALL X-OVERS	2,975	7,285		314,919.46		43.23	.056		105.86		2.40
@PHARMACY	25,516	115,494	\$	4,626,061.63	\$	40.05	.881	\$	181.30	\$	35.29
PRESCRIPTION DRUGS	25,209	54,542		4,393,326.55		80.55	.416		174.28		33.51
SNF/ICF	155	498		95,420.71		191.61	.004		615.62		.73
OUTPATIENTS	25,133	54,044		4,297,905.84		79.53	.412		171.01		32.79
MEDICAL SUPPLIES	1,171	60,952		232,735.08		3.82	.465		198.75		1.78
@DENTIST	7,677	43,957	\$	997,262.10	\$	22.69	.335	\$	129.90	\$	7.61
VISITS - DIAGNOSTIC	5,891	32,755		422,488.05		12.90	.250		71.72		3.22
ORAL SURGERY	942	1,833		97,385.55		53.13	.014		103.38		.74
DRUGS	96	115		2,250.00		19.57	.001		23.44		.02
ANESTHESIA	22	22		1,400.00		63.64	.000		63.64		.01
PERIODONTICS	81	95		6,812.00		71.71	.001		84.10		.05
ENDODONTICS	468	778		96,509.50		124.05	.006		206.22		.74
RESTORATIVE DENTISTRY	2,550	7,108		324,481.80		45.65	.054		127.25		2.48
PROSTHETICS	13	17		560.00		32.94	.000		43.08		.00
DENTURES, STAYPLATES	42	132		8,637.25		65.43	.001		205.65		.07
SPACE MAINTAINERS	72	107		8,884.00		83.03	.001		123.39		.07
MAXILLOFACIAL SERVICES	15	18		980.20		54.46	.000		65.35		.01
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	386	617		24,998.75		40.52	.005		64.76		.19
ALL OTHER SERVICES	252	359		1,875.00		5.22	.003		7.44		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 10,574
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

----- MONTHLY AVERAGE -----
 131,087 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	1,486	4,408	\$	98,221.50	\$	22.28	.034	\$	66.10	\$	.75
DIAGNOSTIC AND ANC. PROCED	1,173	1,295		52,228.63		40.33	.010		44.53		.40
EYE APPLIANCES	1,080	3,097		45,445.70		14.67	.024		42.08		.35
OTHER OPTOMETRIC SERVICES	15	16		547.17		34.20	.000		36.48		.00
@CHIROPRACTOR	14	19	\$	309.32	\$	16.28	.000	\$	22.09	\$	.00
VISITS	14	19		309.32		16.28	.000		22.09		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	75	108	\$	4,467.68	\$	41.37	.001	\$	59.57	\$	.03
MEDICINE/INJECTIONS	71	76		3,639.30		47.89	.001		51.26		.03
SURGERY/ANES.	11	18		399.39		22.19	.000		36.31		.00
RADIO./PATHOLOGY	9	12		221.44		18.45	.000		24.60		.00
OTHER	2	2		207.55		103.78	.000		103.78		.00
@HOME HEALTH AGENCY	293	14,844	\$	470,819.60	\$	31.72	.113	\$	1606.89	\$	3.59
NURSE ANESTHESIST	7	64	\$	1,213.79	\$	18.97	.000	\$	173.40	\$	.01
NURSE MIDWIFE	9	124	\$	3,240.06	\$	26.13	.001	\$	360.01	\$	.02
PEDIATRIC NURSE PRACTITIONER	1	1	\$	37.50	\$	37.50	.000	\$	37.50	\$	.00
FAMILY NURSE PRACTITIONER	89	223	\$	5,256.03	\$	23.57	.002	\$	59.06	\$	.04
@TOTAL HOSPITAL	12,165	51,281	\$	12,357,033.38	\$	240.97	.391	\$	1015.79	\$	94.27
HOSP INPATIENT TOTAL	1,375	7,894		11,168,495.19		1414.81	.060		8122.54		85.20
HSC HOSPITALS	1,268	7,378		10,493,543.69		1422.27	.056		8275.67		80.05
NON-HSC HOSPITAL TOTAL	108	516		674,075.50		1306.35	.004		6241.44		5.14
ACCOMMODATIONS	108	516		418,045.00		810.16	.004		3870.79		3.19
ADMINISTRATIVE DAYS	1	1		211.52		211.52	.000		211.52		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	107	515		417,833.48		811.33	.004		3904.99		3.19
ANCILLARIES	102	0		256,030.50		.00	.000		2510.10		1.95
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11,246	43,387		1,188,538.19		27.39	.331		105.69		9.07
MEDICAL	1,637	2,508		124,943.65		49.82	.019		76.32		.95
SURGERY	769	900		35,172.56		39.08	.007		45.74		.27
PATHOLOGY	3,173	16,445		151,004.09		9.18	.125		47.59		1.15
RADIOLOGY	2,071	2,890		246,277.15		85.22	.022		118.92		1.88
ROOM USE	7,167	9,022		340,322.81		37.72	.069		47.48		2.60
CROSSOVERS/ALL OTH OUTPTNT	4,744	11,622		290,817.93		25.02	.089		61.30		2.22
@COUNTY HOSPITAL TOTAL	128	547	\$	51,525.24	\$	94.20	.004	\$	402.54	\$	.39
CO HOSPITAL INPATIENT TOTAL	12	31		35,335.08		1139.84	.000		2944.59		.27
HSC HOSPITALS	12	31		35,335.08		1139.84	.000		2944.59		.27
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	121	516		16,190.16		31.38	.004		133.80		.12
MEDICAL	50	60		2,121.63		35.36	.000		42.43		.02
SURGERY	24	35		1,537.42		43.93	.000		64.06		.01
PATHOLOGY	40	153		2,391.52		15.63	.001		59.79		.02
RADIOLOGY	20	34		1,813.35		53.33	.000		90.67		.01
ROOM USE	90	132		5,955.37		45.12	.001		66.17		.05
CROSSOVERS/ALL OTH OUTPTNT	50	102		2,370.87		23.24	.001		47.42		.02

131,087 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12,051	50,734	\$ 12,305,508.14	\$ 242.55	.387	\$ 1021.12	\$ 93.87
COMM HOSP INPATIENT TOTAL	1,363	7,863	11,133,160.11	1415.89	.060	8168.13	84.93
HSC HOSPITALS	1,256	7,347	10,458,208.61	1423.47	.056	8326.60	79.78
NON-HSC HOSPITALS TOTAL	108	516	674,075.50	1306.35	.004	6241.44	5.14
ACCOMMODATIONS	108	516	418,045.00	810.16	.004	3870.79	3.19
ADMINISTRATIVE DAYS	1	1	211.52	211.52	.000	211.52	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	107	515	417,833.48	811.33	.004	3904.99	3.19
ANCILLARIES	102	0	256,030.50	.00	.000	2510.10	1.95
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11,137	42,871	1,172,348.03	27.35	.327	105.27	8.94
MEDICAL	1,588	2,448	122,822.02	50.17	.019	77.34	.94
SURGERY	745	865	33,635.14	38.88	.007	45.15	.26
PATHOLOGY	3,134	16,292	148,612.57	9.12	.124	47.42	1.13
RADIOLOGY	2,052	2,856	244,463.80	85.60	.022	119.13	1.86
ROOM USE	7,081	8,890	334,367.44	37.61	.068	47.22	2.55
CROSSOVERS/ALL OTH OUTPTNT	4,695	11,520	288,447.06	25.04	.088	61.44	2.20
@STATE HOSPITAL	1	31	\$ 12,985.42	\$ 418.88	.000	\$ 12985.42	\$.10
MENTALLY ILL	1	31	12,985.42	418.88	.000	12985.42	.10
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	11	227	\$ 110,386.33	\$ 486.28	.002	\$ 10035.12	\$.84
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	6	165	101,291.85	613.89	.001	16881.98	.77
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	62	9,094.48	146.69	.000	1818.90	.07
@INTERMEDIATE CARE FACIL.-DD	2	76	\$ 10,321.51	\$ 135.81	.001	\$ 5160.76	\$.08

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	2	76		10,321.51	135.81	.001	5160.76	.08
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	13	417	\$	11,580.33	\$ 27.77	.003	\$ 890.79	\$.09
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	13	417		11,580.33	27.77	.003	890.79	.09
@REHABILITATION FACILITY	235	1,550	\$	35,937.38	\$ 23.19	.012	\$ 152.93	\$.27
HOSPITAL BASED	144	710		20,752.37	29.23	.005	144.11	.16
INDEPENDENT FACILITY	96	840		15,185.01	18.08	.006	158.18	.12
@LABORATORY FACILITY	5,098	17,167	\$	208,344.29	\$ 12.14	.131	\$ 40.87	\$ 1.59
PATHOLOGY	5,097	17,165		208,275.94	12.13	.131	40.86	1.59
XO AND OTHERS	1	2		68.35	34.18	.000	68.35	.00
@ORGANIZED OUTPATIENT CLINIC	5,242	13,884	\$	647,011.03	\$ 46.60	.106	\$ 123.43	\$ 4.94
CLINIC	3,159	9,813		201,307.02	20.51	.075	63.72	1.54
SURGICENTER	112	628		22,641.86	36.05	.005	202.16	.17
HEROIN DETOX CLINIC	12	172		1,862.08	10.83	.001	155.17	.01
RURAL HEALTH CLINIC	1,967	3,271		421,200.07	128.77	.025	214.13	3.21

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,576
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G 03/14/05

	131,087 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	43,698	319,533	\$	3,190,005.82	\$ 9.98	2.438	\$ 73.00	\$ 24.34
DURABLE MED. EQUIP.	378	2,015		111,851.71	55.51	.015	295.90	.85
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		25.00	25.00	.000	25.00	.00
MEDICAL TRANSPORTATION	893	7,246		133,374.96	18.41	.055	149.36	1.02
AMBULANCES/AIR TRANS	887	7,041		114,058.79	16.20	.054	128.59	.87
OTHER TRANS	9	173		955.21	5.52	.001	106.13	.01
OTHER SERVICES	21	32		18,360.96	573.78	.000	874.33	.14
ACUPUNCTURE	6	8		164.51	20.56	.000	27.42	.00
ADULT DAY HEALTH CARE CTR	1	3		219.18	73.06	.000	219.18	.00
GENETIC DISEASE TESTING	557	559		58,623.00	104.87	.004	105.25	.45
IHMC,MODEL-NF,NF,AIDS,MSSP	44	217		22,364.16	103.06	.002	508.28	.17
OCCUPATIONAL THERAPIST	2	124		346.70	2.80	.001	173.35	.00
OPTICIAN	7,139	14,966		129,863.13	8.68	.114	18.19	.99
PHYSICAL THERAPIST	14	117		1,660.28	14.19	.001	118.59	.01
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	48	109		20,373.78	186.92	.001	424.45	.16
PROSTHETICS	48	109		20,373.78	186.92	.001	424.45	.16
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	53	356		19,192.02	53.91	.003	362.11	.15
SPEECH AND AUDIOLOGY	121	602		27,693.78	46.00	.005	228.87	.21
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1		1,106.68	1106.68	.000	1106.68	.01
LOCAL EDUCATION AGENCIES	34,500	247,225		2,517,927.65	10.18	1.886	72.98	19.21
EPSDT SUPPLEMENTAL SERVICE	34	3,429		100,001.36	29.16	.026	2941.22	.76
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	279	42,555		45,217.92	1.06	.325	162.07	.34
@CALIF. CHILDREN SERVICES*	5,492	119,611	\$	10,004,546.55	\$ 83.64	.912	\$ 1821.66	\$ 76.32
@XOVER EXCLUDING STATE HOSP**	35	172	\$	4,885.66	\$ 28.41	.001	\$ 139.59	\$.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

						----- MONTHLY AVERAGE -----			
666,986 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	543,012	23,287,066	\$	297,316,817.54	\$ 12.77	34.914	\$ 547.53	\$ 445.76	
@PHYSICIANS SERVICES	174,169	564,427	\$	20,948,982.36	\$ 37.12	.846	\$ 120.28	\$ 31.41	
OUTPATIENT VISITS	102,789	145,441		5,139,357.26	35.34	.218	50.00	7.71	
OFFICE VISITS	79,286	107,681		3,341,392.44	31.03	.161	42.14	5.01	
HOME VISITS	358	433		15,003.24	34.65	.001	41.91	.02	
EMERGENCY ROOM	16,783	20,162		1,253,313.68	62.16	.030	74.68	1.88	
PREVENTIVE CARE	77	77		3,582.01	46.52	.000	46.52	.01	
OB VISITS/COMPRE PERI	1,334	3,274		169,679.03	51.83	.005	127.20	.25	
OTHER OUTPATIENT	11,137	13,814		356,386.86	25.80	.021	32.00	.53	
INPATIENT VISITS	8,830	47,106		2,881,024.45	61.16	.071	326.28	4.32	
HOSPITAL VISITS	7,298	37,297		1,635,906.53	43.86	.056	224.16	2.45	
CRITICAL CARE	1,214	7,628		1,175,666.81	154.13	.011	968.42	1.76	
SNF/ICF/TRANS IP CARE	1,196	2,181		69,451.11	31.84	.003	58.07	.10	
OPHTHALMOLOGICAL SERVICES	2,925	3,776		144,499.10	38.27	.006	49.40	.22	
EXAMINATIONS	2,673	3,518		139,201.14	39.57	.005	52.08	.21	
SERVICES AND MATERIALS	258	258		5,297.96	20.53	.000	20.53	.01	
INPATIENT HOSPITAL SURGERY	4,093	24,475		2,339,621.67	95.59	.037	571.62	3.51	
PRINCIPAL SURGEON	2,939	4,572		1,762,978.16	385.60	.007	599.86	2.64	
ASSISTANT SURGEON	401	439		95,839.71	218.31	.001	239.00	.14	
ANESTHESIOLOGIST	1,701	19,464		480,803.80	24.70	.029	282.66	.72	
OUTPATIENT SURGERY	8,487	19,505		1,793,192.90	91.94	.029	211.29	2.69	
PRINCIPAL SURGEON	7,176	9,217		1,486,045.97	161.23	.014	207.09	2.23	
ASSISTANT SURGEON	63	63		10,782.13	171.14	.000	171.14	.02	
ANESTHESIOLOGIST	1,888	10,225		296,364.80	28.98	.015	156.97	.44	
DIALYSIS	982	3,969		310,852.78	78.32	.006	316.55	.47	
PATHOLOGY	13,536	28,278		369,150.35	13.05	.042	27.27	.55	
RADIOLOGY	30,209	62,029		2,989,575.77	48.20	.093	98.96	4.48	
PSYCHIATRY	65	74		3,655.01	49.39	.000	56.23	.01	
IMMUNIZATION AND INJECTION	4,664	29,239		894,502.16	30.59	.044	191.79	1.34	
OTHER SERVICES/ALL X-OVERS	67,204	200,535		4,083,550.91	20.36	.301	60.76	6.12	
@PHARMACY	374,988	9,448,816	\$	140,283,792.08	\$ 14.85	14.166	\$ 374.10	\$ 210.32	
PRESCRIPTION DRUGS	369,230	1,658,130		131,692,814.07	79.42	2.486	356.67	197.44	
SNF/ICF	8,298	54,083		4,321,547.12	79.91	.081	520.79	6.48	
OUTPATIENTS	363,568	1,604,047		127,371,266.95	79.41	2.405	350.34	190.97	
MEDICAL SUPPLIES	37,652	7,790,686		8,590,978.01	1.10	11.680	228.17	12.88	
@DENTIST	36,305	177,576	\$	6,023,472.86	\$ 33.92	.266	\$ 165.91	\$ 9.03	
VISITS - DIAGNOSTIC	24,494	117,881		1,419,951.25	12.05	.177	57.97	2.13	
ORAL SURGERY	6,360	15,479		790,006.78	51.04	.023	124.21	1.18	
DRUGS	130	150		2,830.00	18.87	.000	21.77	.00	
ANESTHESIA	58	61		4,600.00	75.41	.000	79.31	.01	
PERIODONTICS	1,957	2,140		226,502.10	105.84	.003	115.74	.34	
ENDODONTICS	2,073	3,092		625,529.35	202.31	.005	301.75	.94	
RESTORATIVE DENTISTRY	9,573	23,663		1,443,985.90	61.02	.035	150.84	2.16	
PROSTHETICS	409	439		13,664.00	31.13	.001	33.41	.02	
DENTURES, STAYPLATES	4,268	12,614		1,446,448.35	114.67	.019	338.91	2.17	
SPACE MAINTAINERS	81	117		9,884.00	84.48	.000	122.02	.01	
MAXILLOFACIAL SERVICES	25	29		1,892.38	65.25	.000	75.70	.00	
FRACTURES, DISLOCATIONS	2	2		140.00	70.00	.000	70.00	.00	
ORTHODONTIC SERVICES	522	772		35,138.75	45.52	.001	67.32	.05	
ALL OTHER SERVICES	882	1,137		2,900.00	2.55	.002	3.29	.00	

666,986 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@OPTOMETRIST	12,785	39,523	\$ 827,351.80	\$ 20.93	.059	\$ 64.71	\$ 1.24
DIAGNOSTIC AND ANC. PROCED	6,755	7,357	291,787.39	39.66	.011	43.20	.44
EYE APPLIANCES	10,338	31,321	510,817.95	16.31	.047	49.41	.77
OTHER OPTOMETRIC SERVICES	670	845	24,746.46	29.29	.001	36.94	.04
@CHIROPRACITOR	815	1,566	\$ 25,802.25	\$ 16.48	.002	\$ 31.66	\$.04
VISITS	793	1,520	25,218.52	16.59	.002	31.80	.04
OTHER SERVICES	22	46	583.73	12.69	.000	26.53	.00
@PODIATRIST	6,856	10,831	\$ 185,588.11	\$ 17.13	.016	\$ 27.07	\$.28
MEDICINE/INJECTIONS	2,428	2,683	79,714.16	29.71	.004	32.83	.12
SURGERY/ANES.	196	304	11,427.86	37.59	.000	58.31	.02
RADIO./PATHOLOGY	158	210	3,673.67	17.49	.000	23.25	.01
OTHER	4,417	7,634	90,772.42	11.89	.011	20.55	.14
@HOME HEALTH AGENCY	2,799	148,321	\$ 5,218,374.35	\$ 35.18	.222	\$ 1864.37	\$ 7.82
NURSE ANESTHESIST	173	1,523	\$ 6,481.41	\$ 4.26	.002	\$ 37.46	\$.01
NURSE MIDWIFE	14	154	\$ 4,500.14	\$ 29.22	.000	\$ 321.44	\$.01
PEDIATRIC NURSE PRACTITIONER	17	18	\$ 537.29	\$ 29.85	.000	\$ 31.61	\$.00
FAMILY NURSE PRACTITIONER	1,008	2,673	\$ 60,564.34	\$ 22.66	.004	\$ 60.08	\$.09
@TOTAL HOSPITAL	66,972	447,090	\$ 66,414,177.14	\$ 148.55	.670	\$ 991.67	\$ 99.57
HOSP INPATIENT TOTAL	8,440	44,533	56,689,197.19	1272.97	.067	6716.73	84.99
HSC HOSPITALS	6,805	40,312	51,472,717.30	1276.86	.060	7563.96	77.17
NON-HSC HOSPITAL TOTAL	602	4,221	4,078,513.77	966.24	.006	6774.94	6.11
ACCOMMODATIONS	600	4,221	2,006,961.83	475.47	.006	3344.94	3.01
ADMINISTRATIVE DAYS	19	102	21,261.29	208.44	.000	1119.02	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	581	4,119	1,985,700.54	482.08	.006	3417.73	2.98
ANCILLARIES	589	0	2,071,551.94	.00	.000	3517.07	3.11
INPATIENT CROSSOVERS	1,234	0	1,137,966.12	.00	.000	922.18	1.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	61,237	402,557	9,724,979.95	24.16	.604	158.81	14.58
MEDICAL	12,095	19,539	837,853.09	42.88	.029	69.27	1.26
SURGERY	3,642	4,176	192,878.75	46.19	.006	52.96	.29
PATHOLOGY	20,114	136,765	1,125,258.66	8.23	.205	55.94	1.69
RADIOLOGY	12,746	20,909	1,884,609.60	90.13	.031	147.86	2.83
ROOM USE	32,314	46,375	1,761,949.30	37.99	.070	54.53	2.64
CROSSOVERS/ALL OTH OUTPTNT	30,550	174,793	3,922,430.55	22.44	.262	128.39	5.88
@COUNTY HOSPITAL TOTAL	454	2,027	\$ 351,484.07	\$ 173.40	.003	\$ 774.19	\$.53
CO HOSPITAL INPATIENT TOTAL	53	286	298,709.84	1044.44	.000	5636.03	.45
HSC HOSPITALS	47	229	252,094.19	1100.85	.000	5363.71	.38
NON-HSC HOSPITALS TOTAL	8	57	45,739.65	802.45	.000	5717.46	.07
ACCOMMODATIONS	7	57	20,884.11	366.39	.000	2983.44	.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	57	20,884.11	366.39	.000	2983.44	.03
ANCILLARIES	8	0	24,855.54	.00	.000	3106.94	.04
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	415	1,741	52,774.23	30.31	.003	127.17	.08
MEDICAL	157	203	7,051.32	34.74	.000	44.91	.01
SURGERY	47	69	2,692.10	39.02	.000	57.28	.00
PATHOLOGY	144	621	9,824.23	15.82	.001	68.22	.01

RADIOLOGY	63	100	8,970.34	89.70	.000	142.39	.01
ROOM USE	252	343	15,226.67	44.39	.001	60.42	.02
CROSSOVERS/ALL OTH OUTPTNT	192	405	9,009.57	22.25	.001	46.92	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,579

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
666,986 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	66,592	445,063	\$ 66,062,693.07	\$ 148.43	.667	\$ 992.05	\$ 99.05
COMM HOSP INPATIENT TOTAL	8,392	44,247	56,390,487.35	1274.45	.066	6719.55	84.55
HSC HOSPITALS	6,762	40,083	51,220,623.11	1277.86	.060	7574.77	76.79
NON-HSC HOSPITALS TOTAL	594	4,164	4,032,774.12	968.49	.006	6789.18	6.05
ACCOMMODATIONS	593	4,164	1,986,077.72	476.96	.006	3349.20	2.98
ADMINISTRATIVE DAYS	19	102	21,261.29	208.44	.000	1119.02	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	574	4,062	1,964,816.43	483.71	.006	3423.03	2.95
ANCILLARIES	581	0	2,046,696.40	.00	.000	3522.71	3.07
INPATIENT CROSSOVERS	1,233	0	1,137,090.12	.00	.000	922.21	1.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	60,883	400,816	9,672,205.72	24.13	.601	158.87	14.50
MEDICAL	11,945	19,336	830,801.77	42.97	.029	69.55	1.25
SURGERY	3,595	4,107	190,186.65	46.31	.006	52.90	.29
PATHOLOGY	19,986	136,144	1,115,434.43	8.19	.204	55.81	1.67
RADIOLOGY	12,686	20,809	1,875,639.26	90.14	.031	147.85	2.81
ROOM USE	32,090	46,032	1,746,722.63	37.95	.069	54.43	2.62
CROSSOVERS/ALL OTH OUTPTNT	30,377	174,388	3,913,420.98	22.44	.261	128.83	5.87
@STATE HOSPITAL	18	549	\$ 328,581.12	\$ 598.51	.001	\$ 18254.51	\$.49
MENTALLY ILL	2	62	27,334.77	440.88	.000	13667.39	.04
DEVELOP. DISABLED	16	487	301,246.35	618.58	.001	18827.90	.45
@NURSING FACILITY	4,478	117,818	\$ 17,806,916.40	\$ 151.14	.177	\$ 3976.53	\$ 26.70
LEV A-INTERMEDIATE	67	2,031	169,644.67	83.53	.003	2532.01	.25
LEV B-REHAB MD	92	2,736	343,281.17	125.47	.004	3731.32	.51
LEV B-SUBACUTE FREESTANDING	23	683	404,003.54	591.51	.001	17565.37	.61
LEV B-SUBACUTE HSPTL BASED	104	3,037	1,716,147.38	565.08	.005	16501.42	2.57
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4,201	109,331	15,173,839.64	138.79	.164	3611.96	22.75
@INTERMEDIATE CARE FACIL.-DD	674	20,115	\$ 3,249,002.89	\$ 161.52	.030	\$ 4820.48	\$ 4.87
ICF DDH	380	11,589	1,967,883.54	169.81	.017	5178.64	2.95
ICF DD	265	7,730	1,112,704.81	143.95	.012	4198.89	1.67
ICF DDN/DDCN	29	796	168,414.54	211.58	.001	5807.40	.25
@HEMODIALYSIS TOTAL	4,296	142,960	\$ 5,992,523.56	\$ 41.92	.214	\$ 1394.91	\$ 8.98
HOSPITAL BASED	115	2,070	395,549.32	191.09	.003	3439.56	.59
HEMODIALYSIS CENTER	4,184	140,890	5,596,974.24	39.73	.211	1337.71	8.39
@REHABILITATION FACILITY	2,053	15,451	\$ 316,134.78	\$ 20.46	.023	\$ 153.99	\$.47
HOSPITAL BASED	832	3,081	90,629.53	29.42	.005	108.93	.14
INDEPENDENT FACILITY	1,233	12,370	225,505.25	18.23	.019	182.89	.34
@LABORATORY FACILITY	32,565	140,232	\$ 1,563,329.24	\$ 11.15	.210	\$ 48.01	\$ 2.34
PATHOLOGY	32,106	138,946	1,551,662.36	11.17	.208	48.33	2.33
XO AND OTHERS	466	1,286	11,666.88	9.07	.002	25.04	.02
@ORGANIZED OUTPATIENT CLINIC	15,355	42,126	\$ 1,877,261.24	\$ 44.56	.063	\$ 122.26	\$ 2.81
CLINIC	9,168	27,016	587,030.75	21.73	.041	64.03	.88
SURGICENTER	1,494	6,703	297,117.19	44.33	.010	198.87	.45
HEROIN DETOX CLINIC	51	651	6,791.86	10.43	.001	133.17	.01
RURAL HEALTH CLINIC	4,688	7,756	986,321.44	127.17	.012	210.39	1.48

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666,986 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	126,752	11,965,297	\$ 26,183,444.18	\$ 2.19	17.939	\$ 206.57	\$ 39.26
DURABLE MED. EQUIP.	6,298	24,368	3,277,871.36	134.52	.037	520.46	4.91
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	180	222	64,791.43	291.85	.000	359.95	.10
MEDICAL TRANSPORTATION	14,078	729,221	3,404,356.10	4.67	1.093	241.82	5.10
AMBULANCES/AIR TRANS	8,656	64,808	1,184,609.48	18.28	.097	136.85	1.78
OTHER TRANS	4,821	656,937	2,151,178.64	3.27	.985	446.21	3.23
OTHER SERVICES	1,223	7,476	68,567.98	9.17	.011	56.07	.10
ACUPUNCTURE	4,383	10,071	176,748.94	17.55	.015	40.33	.26
ADULT DAY HEALTH CARE CTR	4,721	68,361	4,719,249.85	69.03	.102	999.63	7.08
GENETIC DISEASE TESTING	656	658	68,970.00	104.82	.001	105.14	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	3,039	76,901	2,823,563.13	36.72	.115	929.11	4.23
OCCUPATIONAL THERAPIST	109	4,203	14,063.25	3.35	.006	129.02	.02
OPTICIAN	19,839	44,809	467,421.66	10.43	.067	23.56	.70
PHYSICAL THERAPIST	514	4,573	62,489.90	13.66	.007	121.58	.09
PORTABLE X-RAY	282	591	8,719.64	14.75	.001	30.92	.01
PROSTHETIST/ORTHOTISTS	742	2,592	275,488.60	106.28	.004	371.28	.41
PROSTHETICS	739	2,588	275,155.02	106.32	.004	372.33	.41
ORTHOTICS	4	4	333.58	83.40	.000	83.40	.00
PSYCHOLOGIST	146	545	24,869.70	45.63	.001	170.34	.04
SPEECH AND AUDIOLOGY	4,946	19,903	935,280.25	46.99	.030	189.10	1.40
HOSPICE SERVICES	365	9,723	1,299,134.61	133.61	.015	3559.27	1.95
NONINST BIRTHING CENTERS	2	2	2,213.36	1106.68	.000	1106.68	.00
LOCAL EDUCATION AGENCIES	49,297	685,819	5,595,621.85	8.16	1.028	113.51	8.39
EPSDT SUPPLEMENTAL SERVICE	139	11,561	338,273.84	29.26	.017	2433.62	.51
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	25,339	10,271,174		2,624,316.71		.26	15.399	103.57	3.93
@CALIF. CHILDREN SERVICES*	14,189	482,129	\$	26,248,937.46	\$	54.44	.723	\$ 1849.95	\$ 39.35
@XOVER EXCLUDING STATE HOSP**	68,277	717,087	\$	9,008,141.08	\$	12.56	1.075	\$ 131.94	\$ 13.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

	7,790 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,247	12,107	\$	2,045,070.11	\$ 168.92	1.554	\$ 629.83	\$ 262.53
@PHYSICIANS SERVICES	2,078	5,938	\$	358,975.67	\$ 60.45	.762	\$ 172.75	\$ 46.08
OUTPATIENT VISITS	1,689	2,167		74,829.35	34.53	.278	44.30	9.61
OFFICE VISITS	1,306	1,672		55,280.99	33.06	.215	42.33	7.10
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	248	261		13,580.89	52.03	.034	54.76	1.74
PREVENTIVE CARE	14	14		443.66	31.69	.002	31.69	.06
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	178	220		5,523.81	25.11	.028	31.03	.71
INPATIENT VISITS	266	1,767		188,621.47	106.75	.227	709.10	24.21
HOSPITAL VISITS	230	793		40,717.61	51.35	.102	177.03	5.23
CRITICAL CARE	79	974		147,903.86	151.85	.125	1872.20	18.99
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	26	41		1,901.76	46.38	.005	73.14	.24
EXAMINATIONS	26	41		1,901.76	46.38	.005	73.14	.24
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	45	280		32,865.66	117.38	.036	730.35	4.22
PRINCIPAL SURGEON	31	44		25,368.72	576.56	.006	818.35	3.26
ASSISTANT SURGEON	2	2		839.96	419.98	.000	419.98	.11
ANESTHESIOLOGIST	19	234		6,656.98	28.45	.030	350.37	.85
OUTPATIENT SURGERY	52	219		12,948.43	59.13	.028	249.01	1.66
PRINCIPAL SURGEON	39	47		7,842.39	166.86	.006	201.09	1.01
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	172		5,106.04	29.69	.022	283.67	.66
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	55	430		6,138.78	14.28	.055	111.61	.79
RADIOLOGY	246	590		16,369.80	27.75	.076	66.54	2.10
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	22		1,701.83	77.36	.003	130.91	.22
OTHER SERVICES/ALL X-OVERS	190	422		23,598.59	55.92	.054	124.20	3.03
@PHARMACY	1,011	1,739	\$	66,654.26	\$ 38.33	.223	\$ 65.93	\$ 8.56
PRESCRIPTION DRUGS	998	1,588		65,221.60	41.07	.204	65.35	8.37
SNF/ICF	2	6		388.99	64.83	.001	194.50	.05
OUTPATIENTS	998	1,582		64,832.61	40.98	.203	64.96	8.32
MEDICAL SUPPLIES	39	151		1,432.66	9.49	.019	36.73	.18
@DENTIST	4	12	\$	20.00	\$ 1.67	.002	\$ 5.00	\$.00
VISITS - DIAGNOSTIC	4	9		20.00	2.22	.001	5.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	3	.00	.00	.000	.00	.00

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MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS	AID CODES 47 69

	7,790 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	56	126	\$	7,493.58	\$ 59.47	.016	\$ 133.81	\$.96
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	13	\$	199.51	\$ 15.35	.002	\$ 49.88	\$.03
@TOTAL HOSPITAL	650	2,562	\$	1,575,092.38	\$ 614.79	.329	\$ 2423.22	\$ 202.19
HOSP INPATIENT TOTAL	114	951		1,500,854.35	1578.19	.122	13165.39	192.66
HSC HOSPITALS	104	823		1,341,118.00	1629.55	.106	12895.37	172.16
NON-HSC HOSPITAL TOTAL	10	128		159,736.35	1247.94	.016	15973.64	20.51
ACCOMMODATIONS	10	128		136,660.90	1067.66	.016	13666.09	17.54
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	128		136,660.90	1067.66	.016	13666.09	17.54
ANCILLARIES	9	0		23,075.45	.00	.000	2563.94	2.96
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	571	1,611		74,238.03	46.08	.207	130.01	9.53
MEDICAL	76	100		6,147.77	61.48	.013	80.89	.79
SURGERY	22	28		2,204.12	78.72	.004	100.19	.28
PATHOLOGY	115	517		4,360.79	8.43	.066	37.92	.56
RADIOLOGY	95	107		6,477.09	60.53	.014	68.18	.83
ROOM USE	462	555		20,666.38	37.24	.071	44.73	2.65
CROSSOVERS/ALL OTH OUTPTNT	150	304		34,381.88	113.10	.039	229.21	4.41
@COUNTY HOSPITAL TOTAL	6	76	\$	79,295.83	\$ 1043.37	.010	\$ 13215.97	\$ 10.18
CO HOSPITAL INPATIENT TOTAL	3	72		79,148.00	1099.28	.009	26382.67	10.16
HSC HOSPITALS	3	72		79,148.00	1099.28	.009	26382.67	10.16
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	4	147.83	36.96	.001	49.28	.02
MEDICAL	1	1	23.09	23.09	.000	23.09	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.74	34.74	.000	34.74	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	90.00	45.00	.000	45.00	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	7,790 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	645	2,486	\$ 1,495,796.55	\$ 601.69	.319	\$ 2319.06	\$ 192.01	
COMM HOSP INPATIENT TOTAL	111	879	1,421,706.35	1617.41	.113	12808.17	182.50	
HSC HOSPITALS	101	751	1,261,970.00	1680.39	.096	12494.75	162.00	
NON-HSC HOSPITALS TOTAL	10	128	159,736.35	1247.94	.016	15973.64	20.51	
ACCOMMODATIONS	10	128	136,660.90	1067.66	.016	13666.09	17.54	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	10	128	136,660.90	1067.66	.016	13666.09	17.54	
ANCILLARIES	9	0	23,075.45	.00	.000	2563.94	2.96	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	569	1,607	74,090.20	46.10	.206	130.21	9.51	
MEDICAL	75	99	6,124.68	61.87	.013	81.66	.79	
SURGERY	22	28	2,204.12	78.72	.004	100.19	.28	
PATHOLOGY	115	517	4,360.79	8.43	.066	37.92	.56	
RADIOLOGY	95	107	6,477.09	60.53	.014	68.18	.83	
ROOM USE	461	554	20,631.64	37.24	.071	44.75	2.65	
CROSSOVERS/ALL OTH OUTPTNT	148	302	34,291.88	113.55	.039	231.70	4.40	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	2	5	\$ 88.90	\$ 17.78	.001	\$ 44.45	\$.01	
HOSPITAL BASED	1	1	32.80	32.80	.000	32.80	.00	
INDEPENDENT FACILITY	1	4	56.10	14.03	.001	56.10	.01	
@LABORATORY FACILITY	102	190	\$ 1,568.24	\$ 8.25	.024	\$ 15.37	\$.20	
PATHOLOGY	102	190	1,568.24	8.25	.024	15.37	.20	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	

@ORGANIZED OUTPATIENT CLINIC	132	241	\$	12,750.89	\$	52.91	.031	\$	96.60	\$	1.64
CLINIC	59	140		3,331.72		23.80	.018		56.47		.43
SURGICENTER	2	14		517.24		36.95	.002		258.62		.07
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	71	87		8,901.93		102.32	.011		125.38		1.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,584
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	7,790 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	133	1,281	\$	22,226.68	\$ 17.35	.164	\$ 167.12	\$ 2.85
DURABLE MED. EQUIP.	41	74		4,192.46	56.65	.009	102.26	.54
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	43	578		11,049.58	19.12	.074	256.97	1.42
AMBULANCES/AIR TRANS	43	576		7,449.58	12.93	.074	173.25	.96
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.000	1800.00	.46
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	4	14		374.84	26.77	.002	93.71	.05
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	43	550		4,711.63	8.57	.071	109.57	.60
EPSDT SUPPLEMENTAL SERVICE	2	64		1,882.24	29.41	.008	941.12	.24
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		15.93	15.93	.000	15.93	.00
@CALIF. CHILDREN SERVICES*	298	5,871	\$	1,183,459.62	\$ 201.58	.754	\$ 3971.34	\$ 151.92
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,585
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	24,390 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS			120,780	\$ 12,467,888.43	\$ 103.23	4.952	\$ 599.30	\$ 511.19
@PHYSICIANS SERVICES	11,812	42,375	\$	3,284,984.42	\$ 77.52	1.737	\$ 278.11	\$ 134.69
OUTPATIENT VISITS	6,958	16,910		694,947.73	41.10	.693	99.88	28.49
OFFICE VISITS	1,877	2,243		105,205.49	46.90	.092	56.05	4.31
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	760	816		51,071.59	62.59	.033	67.20	2.09

PREVENTIVE CARE	17	18	711.01	39.50	.001	41.82	.03
OB VISITS/COMPRE PERI	4,889	13,663	533,868.01	39.07	.560	109.20	21.89
OTHER OUTPATIENT	127	170	4,091.63	24.07	.007	32.22	.17
INPATIENT VISITS	1,936	4,928	299,533.35	60.78	.202	154.72	12.28
HOSPITAL VISITS	1,863	3,883	168,454.73	43.38	.159	90.42	6.91
CRITICAL CARE	123	1,045	131,078.62	125.43	.043	1065.68	5.37
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	139.32	46.44	.000	46.44	.01
EXAMINATIONS	3	3	139.32	46.44	.000	46.44	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2,661	10,287	1,764,738.28	171.55	.422	663.19	72.35
PRINCIPAL SURGEON	1,838	1,989	1,494,217.69	751.24	.082	812.96	61.26
ASSISTANT SURGEON	314	314	57,094.36	181.83	.013	181.83	2.34
ANESTHESIOLOGIST	1,055	7,984	213,426.23	26.73	.327	202.30	8.75
OUTPATIENT SURGERY	774	1,425	100,428.10	70.48	.058	129.75	4.12
PRINCIPAL SURGEON	691	1,030	84,130.08	81.68	.042	121.75	3.45
ASSISTANT SURGEON	5	5	697.11	139.42	.000	139.42	.03
ANESTHESIOLOGIST	219	390	15,600.91	40.00	.016	71.24	.64
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1,314	1,955	35,180.52	18.00	.080	26.77	1.44
RADIOLOGY	3,586	4,807	321,116.27	66.80	.197	89.55	13.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	404	936	19,028.85	20.33	.038	47.10	.78
OTHER SERVICES/ALL X-OVERS	742	1,124	49,872.00	44.37	.046	67.21	2.04
@PHARMACY	5,556	11,860	\$ 305,395.71	\$ 25.75	.486	\$ 54.97	\$ 12.52
PRESCRIPTION DRUGS	5,382	10,783	231,327.09	21.45	.442	42.98	9.48
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	5,382	10,783	231,327.09	21.45	.442	42.98	9.48
MEDICAL SUPPLIES	492	1,077	74,068.62	68.77	.044	150.55	3.04
@DENTIST	61	203	\$ 3,456.00	\$ 17.02	.008	\$ 56.66	\$.14
VISITS - DIAGNOSTIC	47	121	1,107.00	9.15	.005	23.55	.05
ORAL SURGERY	12	21	455.00	21.67	.001	37.92	.02

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	9	55.00	6.11	.000	11.00	.00
ENDODONTICS	10	17	735.00	43.24	.001	73.50	.03
RESTORATIVE DENTISTRY	15	34	1,104.00	32.47	.001	73.60	.05
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,586
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

24,390 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 24.00	\$ 24.00	.000	\$ 24.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	1	1	24.00	24.00	.000	24.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	25	80	\$ 5,407.31	\$ 67.59	.003	\$ 216.29	\$.22
NURSE ANESTHESIST	75	568	\$ 11,370.78	\$ 20.02	.023	\$ 151.61	\$.47
NURSE MIDWIFE	53	486	\$ 15,443.36	\$ 31.78	.020	\$ 291.38	\$.63
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 37.80	\$ 37.80	.000	\$ 37.80	\$.00
FAMILY NURSE PRACTITIONER	3	6	\$ 203.90	\$ 33.98	.000	\$ 67.97	\$.01
@TOTAL HOSPITAL	6,165	30,463	\$ 7,995,814.91	\$ 262.48	1.249	\$ 1296.97	\$ 327.83
HOSP INPATIENT TOTAL	1,957	5,639	7,512,517.63	1332.24	.231	3838.79	308.02
HSC HOSPITALS	1,907	5,417	7,306,097.21	1348.73	.222	3831.20	299.55
NON-HSC HOSPITAL TOTAL	51	222	206,420.42	929.82	.009	4047.46	8.46
ACCOMMODATIONS	51	222	90,480.93	407.57	.009	1774.14	3.71
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	51	222	90,480.93	407.57	.009	1774.14	3.71
ANCILLARIES	51	0	115,939.49	.00	.000	2273.32	4.75
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,396	24,824	483,297.28	19.47	1.018	89.57	19.82
MEDICAL	275	335	9,270.33	27.67	.014	33.71	.38
SURGERY	596	1,047	27,033.51	25.82	.043	45.36	1.11
PATHOLOGY	2,173	9,193	103,058.41	11.21	.377	47.43	4.23
RADIOLOGY	937	1,124	69,804.08	62.10	.046	74.50	2.86
ROOM USE	2,389	3,470	130,335.26	37.56	.142	54.56	5.34
CROSSOVERS/ALL OTH OUTPTNT	2,968	9,655	143,795.69	14.89	.396	48.45	5.90
@COUNTY HOSPITAL TOTAL	59	390	\$ 116,496.64	\$ 298.71	.016	\$ 1974.52	\$ 4.78
CO HOSPITAL INPATIENT TOTAL	18	96	107,070.18	1115.31	.004	5948.34	4.39
HSC HOSPITALS	18	96	107,070.18	1115.31	.004	5948.34	4.39

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	51	294	9,426.46	32.06	.012	184.83	.39
MEDICAL	2	2	257.14	128.57	.000	128.57	.01
SURGERY	15	27	787.60	29.17	.001	52.51	.03
PATHOLOGY	27	123	2,418.56	19.66	.005	89.58	.10
RADIOLOGY	5	5	465.62	93.12	.000	93.12	.02
ROOM USE	21	60	3,643.23	60.72	.002	173.49	.15
CROSSOVERS/ALL OTH OUTPTNT	35	77	1,854.31	24.08	.003	52.98	.08

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,587
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	24,390 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,108		30,073	\$ 7,879,318.27	\$ 262.01	1.233	\$ 1290.00	\$ 323.06
COMM HOSP INPATIENT TOTAL	1,939		5,543	7,405,447.45	1336.00	.227	3819.21	303.63
HSC HOSPITALS	1,889		5,321	7,199,027.03	1352.95	.218	3811.03	295.16
NON-HSC HOSPITALS TOTAL	51		222	206,420.42	929.82	.009	4047.46	8.46
ACCOMMODATIONS	51		222	90,480.93	407.57	.009	1774.14	3.71
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	51		222	90,480.93	407.57	.009	1774.14	3.71
ANCILLARIES	51		0	115,939.49	.00	.000	2273.32	4.75
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,346		24,530	473,870.82	19.32	1.006	88.64	19.43
MEDICAL	273		333	9,013.19	27.07	.014	33.02	.37
SURGERY	581		1,020	26,245.91	25.73	.042	45.17	1.08
PATHOLOGY	2,147		9,070	100,639.85	11.10	.372	46.87	4.13
RADIOLOGY	932		1,119	69,338.46	61.96	.046	74.40	2.84
ROOM USE	2,368		3,410	126,692.03	37.15	.140	53.50	5.19
CROSSOVERS/ALL OTH OUTPTNT	2,933		9,578	141,941.38	14.82	.393	48.39	5.82
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6,543	17,365	\$	226,457.23	\$	13.04	.712	\$	34.61	\$	9.28
PATHOLOGY	6,542	17,364		226,445.83		13.04	.712		34.61		9.28
XO AND OTHERS	1	1		11.40		11.40	.000		11.40		.00
@ORGANIZED OUTPATIENT CLINIC	3,030	14,555	\$	493,900.72	\$	33.93	.597	\$	163.00	\$	20.25
CLINIC	2,729	13,656		427,553.04		31.31	.560		156.67		17.53
SURGICENTER	88	503		13,449.88		26.74	.021		152.84		.55
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	214	396		52,897.80		133.58	.016		247.19		2.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 10,588
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
24,390 ELIGIBLES							
@ALL OTHER PROVIDERS	1,140	2,817	\$ 125,392.29	\$ 44.51	.115	\$ 109.99	\$ 5.14
DURABLE MED. EQUIP.	4	7	370.98	53.00	.000	92.75	.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	162	1,034	18,248.74	17.65	.042	112.65	.75
AMBULANCES/AIR TRANS	162	1,032	18,228.98	17.66	.042	112.52	.75
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	19.76	9.88	.000	9.88	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	924	925	97,077.00	104.95	.038	105.06	3.98
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	44	45	3,934.31	87.43	.002	89.42	.16
PROSTHETICS	44	45	3,934.31	87.43	.002	89.42	.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	5	5	5,533.40	1106.68	.000	1106.68	.23
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	801	227.86	.28	.033	56.97	.01
@CALIF. CHILDREN SERVICES*	94	4,402	\$ 755,955.52	\$ 171.73	.180	\$ 8042.08	\$ 30.99
@XOVER EXCLUDING STATE HOSP**	2	2	21.22	\$ 10.61	.000	\$ 10.61	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 10,589
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
14 ELIGIBLES							

@TOTAL, ALL PROVIDERS	9	38	\$	1,106.77	\$	29.13	2.714	\$	122.97	\$	79.06
@PHYSICIANS SERVICES	2	10	\$	239.07	\$	23.91	.714	\$	119.54	\$	17.08
OUTPATIENT VISITS	1	1		24.00		24.00	.071		24.00		1.71
OFFICE VISITS	1	1		24.00		24.00	.071		24.00		1.71
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	8		188.01		23.50	.571		188.01		13.43
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	8		188.01		23.50	.571		188.01		13.43
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		27.06		27.06	.071		27.06		1.93
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	1	1	\$	17.55	\$	17.55	.071	\$	17.55	\$	1.25
PRESCRIPTION DRUGS	1	1		17.55		17.55	.071		17.55		1.25
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	1		17.55		17.55	.071		17.55		1.25
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,590
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM	AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
14 ELIGIBLES							

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,591
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	6	\$ 53.69	\$ 8.95	.429	\$ 13.42	\$ 3.84
PATHOLOGY	4	6	53.69	8.95	.429	13.42	3.84
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	21	\$ 796.46	\$ 37.93	1.500	\$ 265.49	\$ 56.89
CLINIC	3	21	796.46	37.93	1.500	265.49	56.89
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,592
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

32,194 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	24,060	132,925	\$ 14,514,065.31	\$ 109.19	4.129	\$ 603.24	\$ 450.83	
@PHYSICIANS SERVICES	13,892	48,323	\$ 3,644,199.16	\$ 75.41	1.501	\$ 262.32	\$ 113.19	
OUTPATIENT VISITS	8,648	19,078	769,801.08	40.35	.593	89.01	23.91	
OFFICE VISITS	3,184	3,916	160,510.48	40.99	.122	50.41	4.99	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1,008	1,077	64,652.48	60.03	.033	64.14	2.01	
PREVENTIVE CARE	31	32	1,154.67	36.08	.001	37.25	.04	
OB VISITS/COMPRE PERI	4,889	13,663	533,868.01	39.07	.424	109.20	16.58	
OTHER OUTPATIENT	305	390	9,615.44	24.65	.012	31.53	.30	
INPATIENT VISITS	2,202	6,695	488,154.82	72.91	.208	221.69	15.16	
HOSPITAL VISITS	2,093	4,676	209,172.34	44.73	.145	99.94	6.50	
CRITICAL CARE	202	2,019	278,982.48	138.18	.063	1381.10	8.67	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	29	44	2,041.08	46.39	.001	70.38	.06	
EXAMINATIONS	29	44	2,041.08	46.39	.001	70.38	.06	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	2,707	10,575	1,797,791.95	170.00	.328	664.13	55.84	
PRINCIPAL SURGEON	1,869	2,033	1,519,586.41	747.46	.063	813.05	47.20	
ASSISTANT SURGEON	316	316	57,934.32	183.34	.010	183.34	1.80	
ANESTHESIOLOGIST	1,075	8,226	220,271.22	26.78	.256	204.90	6.84	
OUTPATIENT SURGERY	826	1,644	113,376.53	68.96	.051	137.26	3.52	
PRINCIPAL SURGEON	730	1,077	91,972.47	85.40	.033	125.99	2.86	
ASSISTANT SURGEON	5	5	697.11	139.42	.000	139.42	.02	
ANESTHESIOLOGIST	237	562	20,706.95	36.85	.017	87.37	.64	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1,369	2,385	41,319.30	17.32	.074	30.18	1.28	
RADIOLOGY	3,833	5,398	337,513.13	62.53	.168	88.05	10.48	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	417	958	20,730.68	21.64	.030	49.71	.64	
OTHER SERVICES/ALL X-OVERS	932	1,546	73,470.59	47.52	.048	78.83	2.28	
@PHARMACY	6,568	13,600	\$ 372,067.52	\$ 27.36	.422	\$ 56.65	\$ 11.56	
PRESCRIPTION DRUGS	6,381	12,372	296,566.24	23.97	.384	46.48	9.21	
SNF/ICF	2	6	388.99	64.83	.000	194.50	.01	
OUTPATIENTS	6,381	12,366	296,177.25	23.95	.384	46.42	9.20	
MEDICAL SUPPLIES	531	1,228	75,501.28	61.48	.038	142.19	2.35	
@DENTIST	65	215	\$ 3,476.00	\$ 16.17	.007	\$ 53.48	\$.11	
VISITS - DIAGNOSTIC	51	130	1,127.00	8.67	.004	22.10	.04	
ORAL SURGERY	12	21	455.00	21.67	.001	37.92	.01	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	5	9	55.00	6.11	.000	11.00	.00	
ENDODONTICS	10	17	735.00	43.24	.001	73.50	.02	
RESTORATIVE DENTISTRY	15	34	1,104.00	32.47	.001	73.60	.03	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	1	1	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	3	.00	.00	.000	.00	.00	

32,194 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0		0	\$		.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0			.00	.00	.000	.00	.00
EYE APPLIANCES	0		0			.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0		0			.00	.00	.000	.00	.00
@CHIROPRACTOR	0		0	\$		.00	\$.00	.000	\$.00	\$.00
VISITS	0		0			.00	.00	.000	.00	.00
OTHER SERVICES	0		0			.00	.00	.000	.00	.00
@PODIATRIST	1		1	\$		24.00	\$ 24.00	.000	\$ 24.00	\$.00
MEDICINE/INJECTIONS	0		0			.00	.00	.000	.00	.00
SURGERY/ANES.	1		1			24.00	24.00	.000	24.00	.00
RADIO./PATHOLOGY	0		0			.00	.00	.000	.00	.00
OTHER	0		0			.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	81		206	\$		12,900.89	\$ 62.63	.006	\$ 159.27	\$.40
NURSE ANESTHESIST	75		568	\$		11,370.78	\$ 20.02	.018	\$ 151.61	\$.35
NURSE MIDWIFE	53		486	\$		15,443.36	\$ 31.78	.015	\$ 291.38	\$.48
PEDIATRIC NURSE PRACTITIONER	1		1	\$		37.80	\$ 37.80	.000	\$ 37.80	\$.00
FAMILY NURSE PRACTITIONER	7		19	\$		403.41	\$ 21.23	.001	\$ 57.63	\$.01
@TOTAL HOSPITAL	6,815		33,025	\$		9,570,907.29	\$ 289.81	1.026	\$ 1404.39	\$ 297.29
HOSP INPATIENT TOTAL	2,071		6,590			9,013,371.98	1367.73	.205	4352.18	279.97
HSC HOSPITALS	2,011		6,240			8,647,215.21	1385.77	.194	4299.96	268.60
NON-HSC HOSPITAL TOTAL	61		350			366,156.77	1046.16	.011	6002.57	11.37
ACCOMMODATIONS	61		350			227,141.83	648.98	.011	3723.64	7.06
ADMINISTRATIVE DAYS	0		0			.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0			.00	.00	.000	.00	.00
ALL OTHER ACCOM	61		350			227,141.83	648.98	.011	3723.64	7.06
ANCILLARIES	60		0			139,014.94	.00	.000	2316.92	4.32
INPATIENT CROSSOVERS	0		0			.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0			.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,967		26,435			557,535.31	21.09	.821	93.44	17.32
MEDICAL	351		435			15,418.10	35.44	.014	43.93	.48
SURGERY	618		1,075			29,237.63	27.20	.033	47.31	.91
PATHOLOGY	2,288		9,710			107,419.20	11.06	.302	46.95	3.34
RADIOLOGY	1,032		1,231			76,281.17	61.97	.038	73.92	2.37
ROOM USE	2,851		4,025			151,001.64	37.52	.125	52.96	4.69
CROSSOVERS/ALL OTH OUTPTNT	3,118		9,959			178,177.57	17.89	.309	57.14	5.53
@COUNTY HOSPITAL TOTAL	65		466	\$		195,792.47	\$ 420.16	.014	\$ 3012.19	\$ 6.08
CO HOSPITAL INPATIENT TOTAL	21		168			186,218.18	1108.44	.005	8867.53	5.78
HSC HOSPITALS	21		168			186,218.18	1108.44	.005	8867.53	5.78
NON-HSC HOSPITALS TOTAL	0		0			.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0			.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0			.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0			.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0			.00	.00	.000	.00	.00
ANCILLARIES	0		0			.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0			.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0			.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	54		298			9,574.29	32.13	.009	177.30	.30
MEDICAL	3		3			280.23	93.41	.000	93.41	.01
SURGERY	15		27			787.60	29.17	.001	52.51	.02
PATHOLOGY	27		123			2,418.56	19.66	.004	89.58	.08

RADIOLOGY	5	5	465.62	93.12	.000	93.12	.01
ROOM USE	22	61	3,677.97	60.29	.002	167.18	.11
CROSSOVERS/ALL OTH OUTPTNT	37	79	1,944.31	24.61	.002	52.55	.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,595
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
32,194 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	6,753	32,559	\$ 9,375,114.82	\$ 287.94	1.011	\$ 1388.29	\$ 291.21
COMM HOSP INPATIENT TOTAL	2,050	6,422	8,827,153.80	1374.52	.199	4305.93	274.19
HSC HOSPITALS	1,990	6,072	8,460,997.03	1393.44	.189	4251.76	262.81
NON-HSC HOSPITALS TOTAL	61	350	366,156.77	1046.16	.011	6002.57	11.37
ACCOMMODATIONS	61	350	227,141.83	648.98	.011	3723.64	7.06
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	61	350	227,141.83	648.98	.011	3723.64	7.06
ANCILLARIES	60	0	139,014.94	.00	.000	2316.92	4.32
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,915	26,137	547,961.02	20.96	.812	92.64	17.02
MEDICAL	348	432	15,137.87	35.04	.013	43.50	.47
SURGERY	603	1,048	28,450.03	27.15	.033	47.18	.88
PATHOLOGY	2,262	9,587	105,000.64	10.95	.298	46.42	3.26
RADIOLOGY	1,027	1,226	75,815.55	61.84	.038	73.82	2.35
ROOM USE	2,829	3,964	147,323.67	37.17	.123	52.08	4.58
CROSSOVERS/ALL OTH OUTPTNT	3,081	9,880	176,233.26	17.84	.307	57.20	5.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	5	\$	88.90	\$	17.78	\$	44.45
HOSPITAL BASED	1	1		32.80		32.80		32.80
INDEPENDENT FACILITY	1	4		56.10		14.03		56.10
@LABORATORY FACILITY	6,649	17,561	\$	228,079.16	\$	12.99	\$	34.30
PATHOLOGY	6,648	17,560		228,067.76		12.99		34.31
XO AND OTHERS	1	1		11.40		11.40		11.40
@ORGANIZED OUTPATIENT CLINIC	3,165	14,817	\$	507,448.07	\$	34.25	\$	160.33
CLINIC	2,791	13,817		431,681.22		31.24		154.67
SURGICENTER	90	517		13,967.12		27.02		155.19
HEROIN DETOX CLINIC	0	0		.00		.000		.00
RURAL HEALTH CLINIC	285	483		61,799.73		127.95		216.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							

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03/14/05

					----- MONTHLY AVERAGE -----			
32,194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,273	4,098	\$ 147,618.97	\$ 36.02	.127	\$ 115.96	\$ 4.59	
DURABLE MED. EQUIP.	45	81	4,563.44	56.34	.003	101.41	.14	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	205	1,612	29,298.32	18.18	.050	142.92	.91	
AMBULANCES/AIR TRANS	205	1,608	25,678.56	15.97	.050	125.26	.80	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	4	4	3,619.76	904.94	.000	904.94	.11	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	924	925	97,077.00	104.95	.029	105.06	3.02	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	44	45	3,934.31	87.43	.001	89.42	.12	
PROSTHETICS	44	45	3,934.31	87.43	.001	89.42	.12	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	4	14	374.84	26.77	.000	93.71	.01	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	5	5	5,533.40	1106.68	.000	1106.68	.17	
LOCAL EDUCATION AGENCIES	43	550	4,711.63	8.57	.017	109.57	.15	
EPSDT SUPPLEMENTAL SERVICE	2	64	1,882.24	29.41	.002	941.12	.06	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	5	802		243.79		.30	.025	48.76	.01
@CALIF. CHILDREN SERVICES*	392	10,273	\$	1,939,415.14	\$	188.79	.319	\$ 4947.49	\$ 60.24
@XOVER EXCLUDING STATE HOSP**	2	2	\$	21.22	\$	10.61	.000	\$ 10.61	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 10,597

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

				----- MONTHLY AVERAGE -----				
3,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,240	154,425	\$ 1,376,881.82	\$ 8.92	40.236	\$ 424.96	\$ 358.75	
@PHYSICIANS SERVICES	722	2,068	\$ 24,643.47	\$ 11.92	.539	\$ 34.13	\$ 6.42	
OUTPATIENT VISITS	13	13	85.50	6.58	.003	6.58	.02	
OFFICE VISITS	13	13	85.50	6.58	.003	6.58	.02	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	2	4	.00	.00	.001	.00	.00	
HOSPITAL VISITS	2	2	.00	.00	.001	.00	.00	
CRITICAL CARE	1	2	.00	.00	.001	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	5	5	110.11	22.02	.001	22.02	.03	
EXAMINATIONS	5	5	110.11	22.02	.001	22.02	.03	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	2	12	245.46	20.46	.003	122.73	.06	
PRINCIPAL SURGEON	1	1	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	11	245.46	22.31	.003	245.46	.06	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	3	3	38.56	12.85	.001	12.85	.01	
RADIOLOGY	2	2	32.90	16.45	.001	16.45	.01	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	2	.00	.00	.001	.00	.00	
OTHER SERVICES/ALL X-OVERS	708	2,027	24,130.94	11.90	.528	34.08	6.29	
@PHARMACY	2,959	135,265	\$ 897,556.30	\$ 6.64	35.244	\$ 303.33	\$ 233.86	
PRESCRIPTION DRUGS	2,919	14,703	857,542.40	58.32	3.831	293.78	223.43	
SNF/ICF	72	622	28,737.36	46.20	.162	399.13	7.49	
OUTPATIENTS	2,884	14,081	828,805.04	58.86	3.669	287.38	215.95	
MEDICAL SUPPLIES	436	120,562	40,013.90	.33	31.413	91.78	10.43	
@DENTIST	134	437	\$ 22,244.70	\$ 50.90	.114	\$ 166.01	\$ 5.80	
VISITS - DIAGNOSTIC	82	291	3,557.70	12.23	.076	43.39	.93	
ORAL SURGERY	14	19	944.00	49.68	.005	67.43	.25	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	5	5	590.00	118.00	.001	118.00	.15	
ENDODONTICS	4	5	905.00	181.00	.001	226.25	.24	
RESTORATIVE DENTISTRY	19	36	2,826.75	78.52	.009	148.78	.74	
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01	

DENTURES, STAYPLATES	42	80	13,391.25	167.39	.021	318.84	3.49
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,598
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

	3,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	51	127	\$	2,363.00	\$ 18.61	.033	\$ 46.33	\$.62
DIAGNOSTIC AND ANC. PROCED	10	11		358.90	32.63	.003	35.89	.09
EYE APPLIANCES	39	108		1,849.58	17.13	.028	47.43	.48
OTHER OPTOMETRIC SERVICES	6	8		154.52	19.32	.002	25.75	.04
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		16.72	16.72	.000	16.72	.00
@PODIATRIST	117	188	\$	2,363.71	\$ 12.57	.049	\$ 20.20	\$.62
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	117	188		2,363.71	12.57	.049	20.20	.62
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	11	\$	38.65	\$ 3.51	.003	\$ 19.33	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	244	1,678	\$	43,598.54	\$ 25.98	.437	\$ 178.68	\$ 11.36
HOSP INPATIENT TOTAL	25	0		19,773.08	.00	.000	790.92	5.15
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	25	0		19,773.08	.00	.000	790.92	5.15
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	219	1,678		23,825.46	14.20	.437	108.79	6.21
MEDICAL	1	1		.00	.00	.000	.00	.00
SURGERY	1	1		69.19	69.19	.000	69.19	.02
PATHOLOGY	2	22		127.04	5.77	.006	63.52	.03
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	217	1,654		23,629.23	14.29	.431	108.89	6.16
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,599
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED						AID CODE 16
					----- MONTHLY AVERAGE -----		
3,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	244	1,678	\$ 43,598.54	\$ 25.98	.437	\$ 178.68	\$ 11.36
COMM HOSP INPATIENT TOTAL	25	0	19,773.08	.00	.000	790.92	5.15
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	25	0	19,773.08	.00	.000	790.92	5.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	219	1,678	23,825.46	14.20	.437	108.79	6.21
MEDICAL	1	1	.00	.00	.000	.00	.00
SURGERY	1	1	69.19	69.19	.000	69.19	.02
PATHOLOGY	2	22	127.04	5.77	.006	63.52	.03
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	217	1,654	23,629.23	14.29	.431	108.89	6.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	74	1,316	\$ 257,952.00	\$ 196.01	.343	\$ 3485.84	\$ 67.21
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	74	1,316	257,952.00	196.01	.343	3485.84	67.21
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	30	39	\$ 21,410.35	\$ 548.98	.010	\$ 713.68	\$ 5.58
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	30	39	21,410.35	548.98	.010	713.68	5.58
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	8	\$ 159.64	\$ 19.96	.002	\$ 31.93	\$.04
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	5	8	159.64	19.96	.002	31.93	.04

@ORGANIZED OUTPATIENT CLINIC	20	48	\$	3,659.87	\$	76.25	.013	\$	182.99	\$	.95
CLINIC	5	15		1,116.98		74.47	.004		223.40		.29
SURGICENTER	8	18		1,752.40		97.36	.005		219.05		.46
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	15		790.49		52.70	.004		112.93		.21

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,600
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

3,838 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	591	13,239	\$ 100,874.87	\$ 7.62	3.449	\$ 170.69	\$ 26.28
DURABLE MED. EQUIP.	18	26	4,600.01	176.92	.007	255.56	1.20
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	15	2,114.30	140.95	.004	211.43	.55
MEDICAL TRANSPORTATION	82	1,421	6,148.06	4.33	.370	74.98	1.60
AMBULANCES/AIR TRANS	15	31	771.51	24.89	.008	51.43	.20
OTHER TRANS	47	1,224	4,921.64	4.02	.319	104.72	1.28
OTHER SERVICES	27	166	454.91	2.74	.043	16.85	.12
ACUPUNCTURE	1	2	43.25	21.63	.001	43.25	.01
ADULT DAY HEALTH CARE CTR	42	542	37,722.80	69.60	.141	898.16	9.83
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	76	586	30,595.50	52.21	.153	402.57	7.97
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	63	145	1,741.50	12.01	.038	27.64	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	7	4.95	.71	.002	.99	.00
PROSTHETIST/ORTHOTISTS	1	1	35.76	35.76	.000	35.76	.01
PROSTHETICS	1	1	35.76	35.76	.000	35.76	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	24	3,296.92	137.37	.006	274.74	.86

HOSPICE SERVICES	2	30		3,036.68	101.22	.008	1518.34	.79
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	363	10,440		11,535.14	1.10	2.720	31.78	3.01
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	1,220	6,076	\$	171,565.09	\$	28.24	1.583	\$ 44.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 10,601

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND

AID CODES 26 6A

136 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	122	1,335	\$ 197,395.35	\$ 147.86	9.816	\$ 1617.99	\$ 1451.44
@PHYSICIANS SERVICES	25	52	\$ 457.41	\$ 8.80	.382	\$ 18.30	\$ 3.36
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	25	52	457.41	8.80	.382	18.30	3.36
@PHARMACY	114	882	\$ 39,107.34	\$ 44.34	6.485	\$ 343.05	\$ 287.55
PRESCRIPTION DRUGS	114	566	38,490.69	68.00	4.162	337.64	283.02
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	114	566	38,490.69	68.00	4.162	337.64	283.02
MEDICAL SUPPLIES	11	316	616.65	1.95	2.324	56.06	4.53
@DENTIST	5	29	\$ 783.00	\$ 27.00	.213	\$ 156.60	\$ 5.76
VISITS - DIAGNOSTIC	3	23	285.00	12.39	.169	95.00	2.10
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.007	118.00	.87
ENDODONTICS	2	2	215.00	107.50	.015	107.50	1.58
RESTORATIVE DENTISTRY	2	3	165.00	55.00	.022	82.50	1.21
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,602
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

136 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	15	\$ 187.51	\$ 12.50	.110	\$ 46.88	\$ 1.38
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	6	90.83	15.14	.044	45.42	.67
OTHER OPTOMETRIC SERVICES	2	9	96.68	10.74	.066	48.34	.71
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 3.26	\$ 3.26	.007	\$ 3.26	\$.02
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	3.26	3.26	.007	3.26	.02
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	10	88	\$ 710.12	\$ 8.07	.647	\$ 71.01	\$ 5.22
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	88	710.12	8.07	.647	71.01	5.22
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	10	88	710.12	8.07	.647	71.01	5.22
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,603
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	136 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10		88	\$ 710.12	\$ 8.07	.647	\$ 71.01	\$ 5.22
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10		88	710.12	8.07	.647	71.01	5.22
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	10		88	710.12	8.07	.647	71.01	5.22
@STATE HOSPITAL	1		226	\$ 154,385.67	\$ 683.12	1.662	\$154385.67	\$ 1135.19
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	1		226	154,385.67	683.12	1.662	154385.67	1135.19
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	3	\$	42.85	\$	14.28	.022	\$	42.85	\$	.32
CLINIC	1	3		42.85		14.28	.022		42.85		.32
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,604
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
136 ELIGIBLES							
@ALL OTHER PROVIDERS	11	39	\$ 1,718.19	\$ 44.06	.287	\$ 156.20	\$ 12.63
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	2	240.00	120.00	.015	240.00	1.76
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	12	177.10	14.76	.088	35.42	1.30
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	787.34	262.45	.022	393.67	5.79
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	22	513.75	23.35	.162	171.25	3.78
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	34	172	\$ 1,781.22	\$ 10.36	1.265	\$ 52.39	\$ 13.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,605
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,690 ELIGIBLES							

@TOTAL, ALL PROVIDERS	4,997	244,387	\$	3,049,298.02	\$	12.48	42.950	\$	610.23	\$	535.90
@PHYSICIANS SERVICES	1,233	3,566	\$	59,431.49	\$	16.67	.627	\$	48.20	\$	10.44
OUTPATIENT VISITS	55	65		2,003.93		30.83	.011		36.44		.35
OFFICE VISITS	51	60		1,711.87		28.53	.011		33.57		.30
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	4	4		225.90		56.48	.001		56.48		.04
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	1		66.16		66.16	.000		66.16		.01
INPATIENT VISITS	6	11		345.51		31.41	.002		57.59		.06
HOSPITAL VISITS	4	8		271.21		33.90	.001		67.80		.05
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	2	3		74.30		24.77	.001		37.15		.01
OPHTHALMOLOGICAL SERVICES	1	1		8.01		8.01	.000		8.01		.00
EXAMINATIONS	1	1		8.01		8.01	.000		8.01		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	4	49		3,448.70		70.38	.009		862.18		.61
PRINCIPAL SURGEON	3	9		2,487.89		276.43	.002		829.30		.44
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	40		960.81		24.02	.007		320.27		.17
OUTPATIENT SURGERY	24	89		2,634.00		29.60	.016		109.75		.46
PRINCIPAL SURGEON	5	5		289.05		57.81	.001		57.81		.05
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	19	84		2,344.95		27.92	.015		123.42		.41
DIALYSIS	1	1		225.04		225.04	.000		225.04		.04
PATHOLOGY	16	35		209.88		6.00	.006		13.12		.04
RADIOLOGY	16	23		1,564.71		68.03	.004		97.79		.27
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	40		498.53		12.46	.007		124.63		.09
OTHER SERVICES/ALL X-OVERS	1,160	3,252		48,493.18		14.91	.572		41.80		8.52
@PHARMACY	4,616	135,256	\$	2,319,109.60	\$	17.15	23.771	\$	502.41	\$	407.58
PRESCRIPTION DRUGS	4,551	25,128		2,253,494.50		89.68	4.416		495.16		396.04

SNF/ICF	83	404		31,191.96		77.21	.071	375.81	5.48
OUTPATIENTS	4,507	24,724		2,222,302.54		89.88	4.345	493.08	390.56
MEDICAL SUPPLIES	601	110,128		65,615.10		.60	19.355	109.18	11.53
@DENTIST	340	1,659	\$	62,399.46	\$	37.61	.292	183.53	10.97
VISITS - DIAGNOSTIC	229	1,089		13,020.51		11.96	.191	56.86	2.29
ORAL SURGERY	45	142		8,004.00		56.37	.025	177.87	1.41
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	30	39		4,656.00		119.38	.007	155.20	.82
ENDODONTICS	18	24		5,770.00		240.42	.004	320.56	1.01
RESTORATIVE DENTISTRY	101	220		15,361.15		69.82	.039	152.09	2.70
PROSTHETICS	7	7		230.00		32.86	.001	32.86	.04
DENTURES, STAYPLATES	41	134		15,357.80		114.61	.024	374.58	2.70
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	6	4		.00		.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,606
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

5,690 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	124	358	\$ 6,951.56	\$ 19.42	.063	\$ 56.06	\$ 1.22
DIAGNOSTIC AND ANC. PROCED	44	49	1,853.51	37.83	.009	42.13	.33
EYE APPLIANCES	103	294	4,711.37	16.03	.052	45.74	.83
OTHER OPTOMETRIC SERVICES	11	15	386.68	25.78	.003	35.15	.07
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	160	414	\$ 2,785.96	\$ 6.73	.073	\$ 17.41	\$.49
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	160	414	2,785.96	6.73	.073	17.41	.49
@HOME HEALTH AGENCY	2	14	\$ 1,003.31	\$ 71.67	.002	\$ 501.66	\$.18
NURSE ANESTHESIST	3	50	\$ 122.62	\$ 2.45	.009	\$ 40.87	\$.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	418	2,689	\$ 216,539.17	\$ 80.53	.473	\$ 518.04	\$ 38.06
HOSP INPATIENT TOTAL	52	98	169,602.60	1730.64	.017	3261.59	29.81
HSC HOSPITALS	11	98	120,794.94	1232.60	.017	10981.36	21.23
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	41	0	48,807.66	.00	.000	1190.43	8.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	380	2,591	46,936.57	18.12	.455	123.52	8.25
MEDICAL	4	14	1,348.30	96.31	.002	337.08	.24
SURGERY	6	6	377.19	62.87	.001	62.87	.07
PATHOLOGY	8	51	550.01	10.78	.009	68.75	.10

RADIOLOGY	3	4	994.32	248.58	.001	331.44	.17
ROOM USE	15	24	1,216.19	50.67	.004	81.08	.21
CROSSOVERS/ALL OTH OUTPTNT	367	2,492	42,450.56	17.03	.438	115.67	7.46
@COUNTY HOSPITAL TOTAL	1	4	\$ 136.49	\$ 34.12	.001	\$ 136.49	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	4	136.49	34.12	.001	136.49	.02
MEDICAL	1	2	81.00	40.50	.000	81.00	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.88	36.88	.000	36.88	.01
CROSSOVERS/ALL OTH OUTPTNT	1	1	18.61	18.61	.000	18.61	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,607
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,690 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	417	2,685	\$ 216,402.68	\$ 80.60	.472	\$ 518.95	\$ 38.03
COMM HOSP INPATIENT TOTAL	52	98	169,602.60	1730.64	.017	3261.59	29.81
HSC HOSPITALS	11	98	120,794.94	1232.60	.017	10981.36	21.23
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	41	0	48,807.66	.00	.000	1190.43	8.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	379	2,587	46,800.08	18.09	.455	123.48	8.22
MEDICAL	3	12	1,267.30	105.61	.002	422.43	.22
SURGERY	6	6	377.19	62.87	.001	62.87	.07
PATHOLOGY	8	51	550.01	10.78	.009	68.75	.10
RADIOLOGY	3	4	994.32	248.58	.001	331.44	.17
ROOM USE	14	23	1,179.31	51.27	.004	84.24	.21
CROSSOVERS/ALL OTH OUTPTNT	366	2,491	42,431.95	17.03	.438	115.93	7.46
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	27	542	\$ 91,778.47	\$ 169.33	.095	\$ 3399.20	\$ 16.13
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	2	121	13,031.72	107.70	.021	6515.86	2.29
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	25	421	78,746.75	187.05	.074	3149.87	13.84
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	65	224	\$ 57,318.51	\$ 255.89	.039	\$ 881.82	\$ 10.07
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	65	224	57,318.51	255.89	.039	881.82	10.07
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	24	76	\$ 810.60	\$ 10.67	.013	\$ 33.78	\$.14
PATHOLOGY	20	70	749.21	10.70	.012	37.46	.13
XO AND OTHERS	4	6	61.39	10.23	.001	15.35	.01
@ORGANIZED OUTPATIENT CLINIC	41	93	\$ 3,876.17	\$ 41.68	.016	\$ 94.54	\$.68
CLINIC	9	15	140.91	9.39	.003	15.66	.02
SURGICENTER	11	36	1,849.19	51.37	.006	168.11	.32
HEROIN DETOX CLINIC	2	14	204.40	14.60	.002	102.20	.04
RURAL HEALTH CLINIC	19	28	1,681.67	60.06	.005	88.51	.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C						

PAGE 10,608
03/14/05

5,690 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	944	99,446	\$ 227,171.10	\$ 2.28	17.477	\$ 240.65	\$ 39.92
DURABLE MED. EQUIP.	44	204	12,793.15	62.71	.036	290.75	2.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	3	287.51	95.84	.001	143.76	.05
MEDICAL TRANSPORTATION	125	9,825	37,094.20	3.78	1.727	296.75	6.52
AMBULANCES/AIR TRANS	19	67	1,617.38	24.14	.012	85.13	.28
OTHER TRANS	87	9,624	35,281.35	3.67	1.691	405.53	6.20
OTHER SERVICES	23	134	195.47	1.46	.024	8.50	.03
ACUPUNCTURE	7	27	459.56	17.02	.005	65.65	.08
ADULT DAY HEALTH CARE CTR	30	506	33,700.42	66.60	.089	1123.35	5.92
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	46	1,947	68,728.00	35.30	.342	1494.09	12.08
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	132	313	3,572.46	11.41	.055	27.06	.63
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	5	2.94	.59	.001	1.47	.00
PROSTHETIST/ORTHOTISTS	3	4	78.21	19.55	.001	26.07	.01
PROSTHETICS	3	4	78.21	19.55	.001	26.07	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	4	153.84	38.46	.001	38.46	.03
SPEECH AND AUDIOLOGY	122	444	18,011.94	40.57	.078	147.64	3.17
HOSPICE SERVICES	1	17	1,931.54	113.62	.003	1931.54	.34
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	488	6,039.58	12.38	.086	503.30	1.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	521	85,659	44,317.75	.52	15.054	85.06	7.79
@CALIF. CHILDREN SERVICES*	15	1,033	\$ 8,550.04	\$ 8.28	.182	\$ 570.00	\$ 1.50
@XOVER EXCLUDING STATE HOSP**	1,848	25,756	\$ 251,559.39	\$ 9.77	4.527	\$ 136.13	\$ 44.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00
EXAMINATIONS	0		0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
DIALYSIS	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
PSYCHIATRY	0		0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0	.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0	.00	.00	.000	.00	.00
SNF/ICF	0		0	.00	.00	.000	.00	.00
OUTPATIENTS	0		0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0	.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0	.00	.00	.000	.00	.00
ORAL SURGERY	0		0	.00	.00	.000	.00	.00
DRUGS	0		0	.00	.00	.000	.00	.00
ANESTHESIA	0		0	.00	.00	.000	.00	.00
PERIODONTICS	0		0	.00	.00	.000	.00	.00
ENDODONTICS	0		0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0		0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0		0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0		0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0		0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 10,610
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,611
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,612
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 10,613

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	9,664 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,359	400,147	\$ 4,623,575.19	\$ 11.55	41.406	\$ 553.13	\$ 478.43	
@PHYSICIANS SERVICES	1,980	5,686	\$ 84,532.37	\$ 14.87	.588	\$ 42.69	\$ 8.75	
OUTPATIENT VISITS	68	78	2,089.43	26.79	.008	30.73	.22	
OFFICE VISITS	64	73	1,797.37	24.62	.008	28.08	.19	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	4	4	225.90	56.48	.000	56.48	.02	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	1	1	66.16	66.16	.000	66.16	.01	
INPATIENT VISITS	8	15	345.51	23.03	.002	43.19	.04	
HOSPITAL VISITS	6	10	271.21	27.12	.001	45.20	.03	
CRITICAL CARE	1	2	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	2	3	74.30	24.77	.000	37.15	.01	
OPHTHALMOLOGICAL SERVICES	6	6	118.12	19.69	.001	19.69	.01	
EXAMINATIONS	6	6	118.12	19.69	.001	19.69	.01	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	4	49	3,448.70	70.38	.005	862.18	.36	
PRINCIPAL SURGEON	3	9	2,487.89	276.43	.001	829.30	.26	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	3	40	960.81	24.02	.004	320.27	.10	
OUTPATIENT SURGERY	26	101	2,879.46	28.51	.010	110.75	.30	
PRINCIPAL SURGEON	6	6	289.05	48.18	.001	48.18	.03	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	20	95	2,590.41	27.27	.010	129.52	.27	
DIALYSIS	1	1	225.04	225.04	.000	225.04	.02	
PATHOLOGY	19	38	248.44	6.54	.004	13.08	.03	
RADIOLOGY	18	25	1,597.61	63.90	.003	88.76	.17	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	5	42	498.53	11.87	.004	99.71	.05	
OTHER SERVICES/ALL X-OVERS	1,893	5,331	73,081.53	13.71	.552	38.61	7.56	
@PHARMACY	7,689	271,403	\$ 3,255,773.24	\$ 12.00	28.084	\$ 423.43	\$ 336.90	
PRESCRIPTION DRUGS	7,584	40,397	3,149,527.59	77.96	4.180	415.29	325.90	
SNF/ICF	155	1,026	59,929.32	58.41	.106	386.64	6.20	
OUTPATIENTS	7,505	39,371	3,089,598.27	78.47	4.074	411.67	319.70	
MEDICAL SUPPLIES	1,048	231,006	106,245.65	.46	23.904	101.38	10.99	
@DENTIST	479	2,125	\$ 85,427.16	\$ 40.20	.220	\$ 178.34	\$ 8.84	
VISITS - DIAGNOSTIC	314	1,403	16,863.21	12.02	.145	53.70	1.74	
ORAL SURGERY	59	161	8,948.00	55.58	.017	151.66	.93	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	36	45	5,364.00	119.20	.005	149.00	.56	
ENDODONTICS	24	31	6,890.00	222.26	.003	287.08	.71	
RESTORATIVE DENTISTRY	122	259	18,352.90	70.86	.027	150.43	1.90	
PROSTHETICS	8	8	260.00	32.50	.001	32.50	.03	

DENTURES, STAYPLATES	83	214	28,749.05	134.34	.022	346.37	2.97
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	4	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,614
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	9,664 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	179		500	\$ 9,502.07	\$ 19.00	.052	\$ 53.08	\$.98
DIAGNOSTIC AND ANC. PROCED	54		60	2,212.41	36.87	.006	40.97	.23
EYE APPLIANCES	144		408	6,651.78	16.30	.042	46.19	.69
OTHER OPTOMETRIC SERVICES	19		32	637.88	19.93	.003	33.57	.07
@CHIROPRACTOR	1		1	16.72	\$ 16.72	.000	\$ 16.72	\$.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	16.72	16.72	.000	16.72	.00
@PODIATRIST	278		603	\$ 5,152.93	\$ 8.55	.062	\$ 18.54	\$.53
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	278		603	5,152.93	8.55	.062	18.54	.53
@HOME HEALTH AGENCY	2		14	\$ 1,003.31	\$ 71.67	.001	\$ 501.66	\$.10
NURSE ANESTHESIST	5		61	161.27	\$ 2.64	.006	\$ 32.25	\$.02
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	672		4,455	\$ 260,847.83	\$ 58.55	.461	\$ 388.17	\$ 26.99
HOSP INPATIENT TOTAL	77		98	189,375.68	1932.40	.010	2459.42	19.60
HSC HOSPITALS	11		98	120,794.94	1232.60	.010	10981.36	12.50
NON-HSC HOSPITAL TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	66		0	68,580.74	.00	.000	1039.10	7.10
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	609		4,357	71,472.15	16.40	.451	117.36	7.40
MEDICAL	5		15	1,348.30	89.89	.002	269.66	.14
SURGERY	7		7	446.38	63.77	.001	63.77	.05
PATHOLOGY	10		73	677.05	9.27	.008	67.71	.07
RADIOLOGY	3		4	994.32	248.58	.000	331.44	.10
ROOM USE	15		24	1,216.19	50.67	.002	81.08	.13
CROSSOVERS/ALL OTH OUTPTNT	594		4,234	66,789.91	15.77	.438	112.44	6.91
@COUNTY HOSPITAL TOTAL	1		4	\$ 136.49	\$ 34.12	.000	\$ 136.49	\$.01
CO HOSPITAL INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	4	136.49	34.12	.000	136.49	.01
MEDICAL	1	2	81.00	40.50	.000	81.00	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.88	36.88	.000	36.88	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	18.61	18.61	.000	18.61	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,615
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

					----- MONTHLY AVERAGE -----			
9,664 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	671	4,451	\$ 260,711.34	\$ 58.57	.461	\$ 388.54	\$ 26.98	
COMM HOSP INPATIENT TOTAL	77	98	189,375.68	1932.40	.010	2459.42	19.60	
HSC HOSPITALS	11	98	120,794.94	1232.60	.010	10981.36	12.50	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	66	0	68,580.74	.00	.000	1039.10	7.10	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	608	4,353	71,335.66	16.39	.450	117.33	7.38	
MEDICAL	4	13	1,267.30	97.48	.001	316.83	.13	
SURGERY	7	7	446.38	63.77	.001	63.77	.05	
PATHOLOGY	10	73	677.05	9.27	.008	67.71	.07	
RADIOLOGY	3	4	994.32	248.58	.000	331.44	.10	
ROOM USE	14	23	1,179.31	51.27	.002	84.24	.12	

CROSSOVERS/ALL OTH OUTPTNT	593	4,233		66,771.30	15.77	.438	112.60	6.91
@STATE HOSPITAL	1	226	\$	154,385.67	\$ 683.12	.023	\$154385.67	\$ 15.98
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	1	226		154,385.67	683.12	.023	154385.67	15.98
@NURSING FACILITY	101	1,858	\$	349,730.47	\$ 188.23	.192	\$ 3462.68	\$ 36.19
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	2	121		13,031.72	107.70	.013	6515.86	1.35
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	99	1,737		336,698.75	193.84	.180	3401.00	34.84
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	95	263	\$	78,728.86	\$ 299.35	.027	\$ 828.72	\$ 8.15
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	95	263		78,728.86	299.35	.027	828.72	8.15
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	29	84	\$	970.24	\$ 11.55	.009	\$ 33.46	\$.10
PATHOLOGY	20	70		749.21	10.70	.007	37.46	.08
XO AND OTHERS	9	14		221.03	15.79	.001	24.56	.02
@ORGANIZED OUTPATIENT CLINIC	62	144	\$	7,578.89	\$ 52.63	.015	\$ 122.24	\$.78
CLINIC	15	33		1,300.74	39.42	.003	86.72	.13
SURGICENTER	19	54		3,601.59	66.70	.006	189.56	.37
HEROIN DETOX CLINIC	2	14		204.40	14.60	.001	102.20	.02
RURAL HEALTH CLINIC	26	43		2,472.16	57.49	.004	95.08	.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL							

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9,664 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,546			112,724	\$	329,764.16	\$	2.93		11.664	\$	213.30	\$	34.12	
DURABLE MED. EQUIP.	62			230		17,393.16		75.62		.024		280.53		1.80	
BLOOD BANK	0			0		.00		.00		.000		.00		.00	
HEARING AID DISPENSERS	12			18		2,401.81		133.43		.002		200.15		.25	
MEDICAL TRANSPORTATION	207			11,246		43,242.26		3.85		1.164		208.90		4.47	
AMBULANCES/AIR TRANS	34			98		2,388.89		24.38		.010		70.26		.25	
OTHER TRANS	134			10,848		40,202.99		3.71		1.123		300.02		4.16	
OTHER SERVICES	50			300		650.38		2.17		.031		13.01		.07	
ACUPUNCTURE	8			29		502.81		17.34		.003		62.85		.05	
ADULT DAY HEALTH CARE CTR	72			1,048		71,423.22		68.15		.108		991.99		7.39	
GENETIC DISEASE TESTING	0			0		.00		.00		.000		.00		.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	123			2,535		99,563.50		39.28		.262		809.46		10.30	
OCCUPATIONAL THERAPIST	0			0		.00		.00		.000		.00		.00	
OPTICIAN	200			470		5,491.06		11.68		.049		27.46		.57	
PHYSICAL THERAPIST	0			0		.00		.00		.000		.00		.00	
PORTABLE X-RAY	7			12		7.89		.66		.001		1.13		.00	
PROSTHETIST/ORTHOTISTS	4			5		113.97		22.79		.001		28.49		.01	
PROSTHETICS	4			5		113.97		22.79		.001		28.49		.01	
ORTHOTICS	0			0		.00		.00		.000		.00		.00	
PSYCHOLOGIST	4			4		153.84		38.46		.000		38.46		.02	
SPEECH AND AUDIOLOGY	136			471		22,096.20		46.91		.049		162.47		2.29	

HOSPICE SERVICES	3	47		4,968.22	105.71	.005	1656.07	.51
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	488		6,039.58	12.38	.050	503.30	.62
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	887	96,121		56,366.64	.59	9.946	63.55	5.83
@CALIF. CHILDREN SERVICES*	15	1,033	\$	8,550.04	\$ 8.28	.107	\$ 570.00	\$.88
@XOVER EXCLUDING STATE HOSP**	3,102	32,004	\$	424,905.70	\$ 13.28	3.312	\$ 136.98	\$ 43.97

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

	3,453 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,957	534,142	\$	1,501,238.59	\$ 2.81	154.689	\$ 507.69	\$ 434.76
@PHYSICIANS SERVICES	423	1,293	\$	19,465.46	\$ 15.05	.374	\$ 46.02	\$ 5.64
OUTPATIENT VISITS	25	34		833.18	24.51	.010	33.33	.24
OFFICE VISITS	25	33		725.10	21.97	.010	29.00	.21
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.000	108.08	.03
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	7	42		2,048.63	48.78	.012	292.66	.59
HOSPITAL VISITS	6	37		1,515.33	40.95	.011	252.56	.44
CRITICAL CARE	1	4		486.40	121.60	.001	486.40	.14
SNF/ICF/TRANS IP CARE	1	1		46.90	46.90	.000	46.90	.01
OPHTHALMOLOGICAL SERVICES	3	3		48.01	16.00	.001	16.00	.01
EXAMINATIONS	3	3		48.01	16.00	.001	16.00	.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	6		175.41	29.24	.002	175.41	.05
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6		175.41	29.24	.002	175.41	.05
OUTPATIENT SURGERY	3	3		161.40	53.80	.001	53.80	.05
PRINCIPAL SURGEON	3	3		161.40	53.80	.001	53.80	.05
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	6	7		52.13	7.45	.002	8.69	.02
RADIOLOGY	10	18		454.05	25.23	.005	45.41	.13
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	397	1,180		15,692.65	13.30	.342	39.53	4.54
@PHARMACY	2,507	466,700	\$	660,030.71	\$ 1.41	135.158	\$ 263.28	\$ 191.15
PRESCRIPTION DRUGS	2,299	10,804		579,432.89	53.63	3.129	252.04	167.81
SNF/ICF	126	780		43,607.09	55.91	.226	346.09	12.63
OUTPATIENTS	2,216	10,024		535,825.80	53.45	2.903	241.80	155.18
MEDICAL SUPPLIES	707	455,896		80,597.82	.18	132.029	114.00	23.34
@DENTIST	70	248	\$	13,537.00	\$ 54.58	.072	\$ 193.39	\$ 3.92
VISITS - DIAGNOSTIC	46	154		2,176.00	14.13	.045	47.30	.63
ORAL SURGERY	8	34		1,510.00	44.41	.010	188.75	.44

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	436.00	109.00	.001	145.33	.13
ENDODONTICS	1	1	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	8	17	965.00	56.76	.005	120.63	.28
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	16	37	8,450.00	228.38	.011	528.13	2.45
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,618
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

3,453 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	41	\$ 716.67	\$ 17.48	.012	\$ 39.82	\$.21
DIAGNOSTIC AND ANC. PROCED	3	3	47.96	15.99	.001	15.99	.01
EYE APPLIANCES	14	35	588.03	16.80	.010	42.00	.17
OTHER OPTOMETRIC SERVICES	2	3	80.68	26.89	.001	40.34	.02
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	86	131	\$ 1,339.88	\$ 10.23	.038	\$ 15.58	\$.39
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	86	131	1,339.88	10.23	.038	15.58	.39
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	6	11	48.39	4.40	.003	8.07	.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	182	1,089	\$ 47,117.21	\$ 43.27	.315	\$ 258.89	\$ 13.65
HOSP INPATIENT TOTAL	15	19	32,087.98	1688.84	.006	2139.20	9.29
HSC HOSPITALS	3	19	23,024.73	1211.83	.006	7674.91	6.67
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	0	9,063.25	.00	.000	755.27	2.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	168	1,070	15,029.23	14.05	.310	89.46	4.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	64.17	9.17	.002	32.09	.02
RADIOLOGY	1	1	44.54	44.54	.000	44.54	.01
ROOM USE	2	2	139.74	69.87	.001	69.87	.04
CROSSOVERS/ALL OTH OUTPTNT	166	1,060	14,780.78	13.94	.307	89.04	4.28
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,619
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,453 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	182	1,089	\$ 47,117.21	\$ 43.27	.315	\$ 258.89	\$ 13.65
COMM HOSP INPATIENT TOTAL	15	19	32,087.98	1688.84	.006	2139.20	9.29
HSC HOSPITALS	3	19	23,024.73	1211.83	.006	7674.91	6.67
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	0	9,063.25	.00	.000	755.27	2.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	168	1,070	15,029.23	14.05	.310	89.46	4.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	64.17	9.17	.002	32.09	.02
RADIOLOGY	1	1	44.54	44.54	.000	44.54	.01
ROOM USE	2	2	139.74	69.87	.001	69.87	.04
CROSSOVERS/ALL OTH OUTPTNT	166	1,060	14,780.78	13.94	.307	89.04	4.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	133	2,970	\$ 402,534.31	\$ 135.53	.860	\$ 3026.57	\$ 116.58
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	133	2,970	402,534.31	135.53	.860	3026.57	116.58
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	24	32	\$ 24,653.50	\$ 770.42	.009	\$ 1027.23	\$ 7.14
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	24	32	24,653.50	770.42	.009	1027.23	7.14

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	40	\$	437.03	\$	10.93	.012	\$	54.63	\$	.13
PATHOLOGY	8	40		437.03		10.93	.012		54.63		.13
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	6	\$	654.79	\$	109.13	.002	\$	109.13	\$	.19
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	3	3		622.00		207.33	.001		207.33		.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	3		32.79		10.93	.001		10.93		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 10,620
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										AID CODE 18

	3,453 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	825	61,581	\$	330,703.64	\$ 5.37	17.834	\$ 400.85	\$ 95.77
DURABLE MED. EQUIP.	27	51		13,526.87	265.23	.015	501.00	3.92
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		418.00	418.00	.000	418.00	.12
MEDICAL TRANSPORTATION	185	12,001		46,378.31	3.86	3.476	250.69	13.43
AMBULANCES/AIR TRANS	12	29		956.92	33.00	.008	79.74	.28
OTHER TRANS	160	11,808		45,132.01	3.82	3.420	282.08	13.07
OTHER SERVICES	19	164		289.38	1.76	.047	15.23	.08
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	145	1,941		134,780.28	69.44	.562	929.52	39.03
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	256	2,345		107,109.40	45.68	.679	418.40	31.02
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	19	41		476.62	11.62	.012	25.09	.14
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	6	12	65.36	5.45	.003	10.89	.02
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	11	413.81	37.62	.003	59.12	.12
HOSPICE SERVICES	4	52	6,602.17	126.96	.015	1650.54	1.91
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	348	45,126	20,932.82	.46	13.069	60.15	6.06
@CALIF. CHILDREN SERVICES*	2	1,743	\$ 230.77	\$.13	.505	\$ 115.39	\$.07
@XOVER EXCLUDING STATE HOSP**	808	14,579	\$ 128,368.28	\$ 8.81	4.222	\$ 158.87	\$ 37.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,621
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

122 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	75	5,125	\$ 62,749.44	\$ 12.24	42.008	\$ 836.66	\$ 514.34
@PHYSICIANS SERVICES	16	74	\$ 2,501.04	\$ 33.80	.607	\$ 156.32	\$ 20.50
OUTPATIENT VISITS	8	14	657.96	47.00	.115	82.25	5.39
OFFICE VISITS	2	3	153.90	51.30	.025	76.95	1.26
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	352.86	88.22	.033	117.62	2.89
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7	151.20	21.60	.057	25.20	1.24
INPATIENT VISITS	6	17	771.41	45.38	.139	128.57	6.32
HOSPITAL VISITS	6	17	771.41	45.38	.139	128.57	6.32
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	4	14	477.57	34.11	.115	119.39	3.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	13	29	594.10	20.49	.238	45.70	4.87
@PHARMACY	65	254	\$ 14,230.93	\$ 56.03	2.082	\$ 218.94	\$ 116.65
PRESCRIPTION DRUGS	62	246	13,832.53	56.23	2.016	223.11	113.38

SNF/ICF	3	11	378.11	34.37	.090	126.04	3.10
OUTPATIENTS	59	235	13,454.42	57.25	1.926	228.04	110.28
MEDICAL SUPPLIES	8	8	398.40	49.80	.066	49.80	3.27
@DENTIST	2	3	\$ 85.00	\$ 28.33	.025	\$ 42.50	\$.70
VISITS - DIAGNOSTIC	2	3	85.00	28.33	.025	42.50	.70
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

PAGE 10,622
03/14/05

122 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5	\$ 375.03	\$ 75.01	.041	\$ 187.52	\$ 3.07
DIAGNOSTIC AND ANC. PROCED	1	1	8.01	8.01	.008	8.01	.07
EYE APPLIANCES	1	4	367.02	91.76	.033	367.02	3.01
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 36.39	\$ 18.20	.016	\$ 18.20	\$.30
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	36.39	18.20	.016	18.20	.30
@HOME HEALTH AGENCY	2	7	\$ 500.65	\$ 71.52	.057	\$ 250.33	\$ 4.10
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	14	51	\$ 19,514.65	\$ 382.64	.418	\$ 1393.90	\$ 159.96
HOSP INPATIENT TOTAL	4	13	19,068.30	1466.79	.107	4767.08	156.30
HSC HOSPITALS	3	13	18,310.00	1408.46	.107	6103.33	150.08
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	758.30	.00	.000	758.30	6.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	38	446.35	11.75	.311	40.58	3.66
MEDICAL	2	3	81.45	27.15	.025	40.73	.67
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	6	22.24	3.71	.049	4.45	.18

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	5	157.10	31.42	.041	31.42	1.29
CROSSOVERS/ALL OTH OUTPTNT	6	24	185.56	7.73	.197	30.93	1.52
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,623
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

122 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	51	\$ 19,514.65	\$ 382.64	.418	\$ 1393.90	\$ 159.96
COMM HOSP INPATIENT TOTAL	4	13	19,068.30	1466.79	.107	4767.08	156.30
HSC HOSPITALS	3	13	18,310.00	1408.46	.107	6103.33	150.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	758.30	.00	.000	758.30	6.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	38	446.35	11.75	.311	40.58	3.66
MEDICAL	2	3	81.45	27.15	.025	40.73	.67
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	6	22.24	3.71	.049	4.45	.18
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	5	157.10	31.42	.041	31.42	1.29
CROSSOVERS/ALL OTH OUTPTNT	6	24	185.56	7.73	.197	30.93	1.52
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	31	\$ 9,881.92	\$ 318.77	.254	\$ 4940.96	\$ 81.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	31	9,881.92	318.77	.254	4940.96	81.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	6	\$ 69.97	\$ 11.66	.049	\$ 17.49	\$.57
PATHOLOGY	4	6	69.97	11.66	.049	17.49	.57
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	8	\$ 96.88	\$ 12.11	.066	\$ 96.88	\$.79
CLINIC	1	8	96.88	12.11	.066	96.88	.79
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,624
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

122 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	32	4,684	\$ 15,456.98	\$ 3.30	38.393	\$ 483.03	\$ 126.70
DURABLE MED. EQUIP.	1	1	79.88	79.88	.008	79.88	.65
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	28	492.20	17.58	.230	70.31	4.03
AMBULANCES/AIR TRANS	5	21	434.46	20.69	.172	86.89	3.56
OTHER TRANS	2	7	57.74	8.25	.057	28.87	.47
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	4	841	13,386.33	15.92	6.893	3346.58	109.72
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	88.10	14.68	.049	44.05	.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	3,808	1,410.47	.37	31.213	70.52	11.56
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	19	84	\$ 4,232.41	\$ 50.39	.689	\$ 222.76	\$ 34.69

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED				AID CODE 68	----- MONTHLY AVERAGE -----		
2,316 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,157	377,334	\$ 1,699,758.74	\$ 4.50	162.925	\$ 788.02	\$ 733.92	
@PHYSICIANS SERVICES	511	1,924	\$ 41,162.72	\$ 21.39	.831	\$ 80.55	\$ 17.77	
OUTPATIENT VISITS	92	145	4,736.01	32.66	.063	51.48	2.04	
OFFICE VISITS	72	110	2,899.20	26.36	.047	40.27	1.25	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	17	19	1,378.55	72.56	.008	81.09	.60	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	13	16	458.26	28.64	.007	35.25	.20	
INPATIENT VISITS	20	85	3,940.45	46.36	.037	197.02	1.70	
HOSPITAL VISITS	20	81	3,454.05	42.64	.035	172.70	1.49	
CRITICAL CARE	2	4	486.40	121.60	.002	243.20	.21	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	4	4	131.31	32.83	.002	32.83	.06	
EXAMINATIONS	4	4	131.31	32.83	.002	32.83	.06	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	10	27	2,652.33	98.23	.012	265.23	1.15	
PRINCIPAL SURGEON	9	8	2,273.64	284.21	.003	252.63	.98	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	19	378.69	19.93	.008	378.69	.16	
OUTPATIENT SURGERY	13	33	1,903.35	57.68	.014	146.41	.82	
PRINCIPAL SURGEON	10	14	1,385.25	98.95	.006	138.53	.60	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	4	19	518.10	27.27	.008	129.53	.22	
DIALYSIS	4	4	675.12	168.78	.002	168.78	.29	
PATHOLOGY	14	24	348.40	14.52	.010	24.89	.15	

RADIOLOGY	34	68		4,505.38	66.26	.029	132.51	1.95
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		13.76	13.76	.000	13.76	.01
OTHER SERVICES/ALL X-OVERS	416	1,533		22,256.61	14.52	.662	53.50	9.61
@PHARMACY	1,845	240,485	\$	948,963.56	\$ 3.95	103.836	\$ 514.34	\$ 409.74
PRESCRIPTION DRUGS	1,723	9,602		877,908.68	91.43	4.146	509.52	379.06
SNF/ICF	46	304		26,294.31	86.49	.131	571.62	11.35
OUTPATIENTS	1,705	9,298		851,614.37	91.59	4.015	499.48	367.71
MEDICAL SUPPLIES	573	230,883		71,054.88	.31	99.690	124.01	30.68
@DENTIST	99	591	\$	20,189.60	\$ 34.16	.255	\$ 203.94	\$ 8.72
VISITS - DIAGNOSTIC	61	360		3,363.10	9.34	.155	55.13	1.45
ORAL SURGERY	16	109		5,703.00	52.32	.047	356.44	2.46
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	6	6		672.00	112.00	.003	112.00	.29
ENDODONTICS	5	8		1,405.00	175.63	.003	281.00	.61
RESTORATIVE DENTISTRY	16	57		4,049.50	71.04	.025	253.09	1.75
PROSTHETICS	1	1		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	20	55		4,997.00	90.85	.024	249.85	2.16
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	5CR		.00	.00	.002CR	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOPO24	FEE-FOR-SERVICE/DENTAL							
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED							
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2,316 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	25			60	\$	1,132.84	\$	18.88		.026	\$	45.31	\$	.49	
DIAGNOSTIC AND ANC. PROCED	8			8		332.15		41.52		.003		41.52		.14	
EYE APPLIANCES	18			50		798.03		15.96		.022		44.34		.34	
OTHER OPTOMETRIC SERVICES	1			2		2.66		1.33		.001		2.66		.00	
@CHIROPRACTOR	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
VISITS	0			0		.00		.00		.000		.00		.00	
OTHER SERVICES	0			0		.00		.00		.000		.00		.00	
@PODIATRIST	45			228	\$	1,579.85	\$	6.93		.098	\$	35.11	\$	.68	
MEDICINE/INJECTIONS	1			1		57.20		57.20		.000		57.20		.02	
SURGERY/ANES.	0			0		.00		.00		.000		.00		.00	
RADIO./PATHOLOGY	0			0		.00		.00		.000		.00		.00	
OTHER	44			227		1,522.65		6.71		.098		34.61		.66	
@HOME HEALTH AGENCY	20			96	\$	6,889.74	\$	71.77		.041	\$	344.49	\$	2.97	
NURSE ANESTHESIST	6			83	\$	192.39	\$	2.32		.036	\$	32.07	\$	.08	
NURSE MIDWIFE	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
FAMILY NURSE PRACTITIONER	9			9	\$	216.00	\$	24.00		.004	\$	24.00	\$	.09	
@TOTAL HOSPITAL	236			2,411	\$	156,694.43	\$	64.99		1.041	\$	663.96	\$	67.66	
HOSP INPATIENT TOTAL	30			89		128,861.61		1447.88		.038		4295.39		55.64	
HSC HOSPITALS	14			89		117,698.00		1322.45		.038		8407.00		50.82	
NON-HSC HOSPITAL TOTAL	0			0		.00		.00		.000		.00		.00	
ACCOMMODATIONS	0			0		.00		.00		.000		.00		.00	
ADMINISTRATIVE DAYS	0			0		.00		.00		.000		.00		.00	
TRANSITIONAL IP CARE	0			0		.00		.00		.000		.00		.00	
ALL OTHER ACCOM	0			0		.00		.00		.000		.00		.00	
ANCILLARIES	0			0		.00		.00		.000		.00		.00	

INPATIENT CROSSOVERS	16	0	11,163.61	.00	.000	697.73	4.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	214	2,322	27,832.82	11.99	1.003	130.06	12.02
MEDICAL	7	9	232.92	25.88	.004	33.27	.10
SURGERY	5	5	452.39	90.48	.002	90.48	.20
PATHOLOGY	18	124	862.64	6.96	.054	47.92	.37
RADIOLOGY	7	10	975.82	97.58	.004	139.40	.42
ROOM USE	31	41	1,773.47	43.26	.018	57.21	.77
CROSSOVERS/ALL OTH OUTPTNT	193	2,133	23,535.58	11.03	.921	121.95	10.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,627
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

	2,316 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	236	2,411	\$	156,694.43	\$ 64.99	1.041	\$ 663.96	\$ 67.66
COMM HOSP INPATIENT TOTAL	30	89		128,861.61	1447.88	.038	4295.39	55.64
HSC HOSPITALS	14	89		117,698.00	1322.45	.038	8407.00	50.82
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	16	0		11,163.61	.00	.000	697.73	4.82
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	214	2,322		27,832.82	11.99	1.003	130.06	12.02
MEDICAL	7	9		232.92	25.88	.004	33.27	.10
SURGERY	5	5		452.39	90.48	.002	90.48	.20
PATHOLOGY	18	124		862.64	6.96	.054	47.92	.37
RADIOLOGY	7	10		975.82	97.58	.004	139.40	.42
ROOM USE	31	41		1,773.47	43.26	.018	57.21	.77
CROSSOVERS/ALL OTH OUTPTNT	193	2,133		23,535.58	11.03	.921	121.95	10.16
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	19	573	\$	71,131.06	\$ 124.14	.247	\$ 3743.74	\$ 30.71
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	19	573		71,131.06	124.14	.247	3743.74	30.71
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	64	94	\$	42,146.40	448.37	.041	658.54	18.20
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	64	94		42,146.40	448.37	.041	658.54	18.20
@REHABILITATION FACILITY	11	35	\$	749.47	21.41	.015	68.13	.32
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	11	35		749.47	21.41	.015	68.13	.32
@LABORATORY FACILITY	25	112	\$	1,013.73	9.05	.048	40.55	.44
PATHOLOGY	23	109		914.71	8.39	.047	39.77	.39
XO AND OTHERS	2	3		99.02	33.01	.001	49.51	.04
@ORGANIZED OUTPATIENT CLINIC	7	7	\$	719.26	102.75	.003	102.75	.31
CLINIC	4	4		209.62	52.41	.002	52.41	.09
SURGICENTER	1	1		205.06	205.06	.000	205.06	.09
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		304.58	152.29	.001	152.29	.13

#CALIF DEPT OF HEALTH SERV MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

AID CODE 68

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2,316 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	693	130,626	\$ 406,977.69	\$ 3.12	56.402	\$ 587.27	\$ 175.72
DURABLE MED. EQUIP.	43	146	43,290.51	296.51	.063	1006.76	18.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	165	19,329	62,827.14	3.25	8.346	380.77	27.13
AMBULANCES/AIR TRANS	28	195	3,446.81	17.68	.084	123.10	1.49
OTHER TRANS	131	19,107	59,346.70	3.11	8.250	453.03	25.62
OTHER SERVICES	9	27	33.63	1.25	.012	3.74	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	66	1,058	73,510.80	69.48	.457	1113.80	31.74
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	51	3,897	125,806.68	32.28	1.683	2466.80	54.32
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	32	70	792.64	11.32	.030	24.77	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	3	1.64	.55	.001	.55	.00
PROSTHETIST/ORTHOTISTS	5	23	775.52	33.72	.010	155.10	.33
PROSTHETICS	5	23	775.52	33.72	.010	155.10	.33
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	4	152.04	38.01	.002	38.01	.07
SPEECH AND AUDIOLOGY	10	38	1,410.61	37.12	.016	141.06	.61
HOSPICE SERVICES	8	211	27,811.19	131.81	.091	3476.40	12.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	33	3,762	15,668.23	4.16	1.624	474.79	6.77
EPSDT SUPPLEMENTAL SERVICE	1	40	1,176.40	29.41	.017	1176.40	.51
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	399	102,045		53,754.29		.53	44.061	134.72	23.21
@CALIF. CHILDREN SERVICES*	32	292	\$	27,579.60	\$	94.45	.126	\$ 861.86	\$ 11.91
@XOVER EXCLUDING STATE HOSP**	754	42,094	\$	132,619.44	\$	3.15	18.175	\$ 175.89	\$ 57.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,891 ELIGIBLES							
@TOTAL, ALL PROVIDERS	5,189	916,601	\$ 3,263,746.77	\$ 3.56	155.593	\$ 628.97	\$ 554.02
@PHYSICIANS SERVICES	950	3,291	\$ 63,129.22	\$ 19.18	.559	\$ 66.45	\$ 10.72
OUTPATIENT VISITS	125	193	6,227.15	32.27	.033	49.82	1.06
OFFICE VISITS	99	146	3,778.20	25.88	.025	38.16	.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	21	24	1,839.49	76.65	.004	87.59	.31
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	19	23	609.46	26.50	.004	32.08	.10
INPATIENT VISITS	33	144	6,760.49	46.95	.024	204.86	1.15
HOSPITAL VISITS	32	135	5,740.79	42.52	.023	179.40	.97
CRITICAL CARE	3	8	972.80	121.60	.001	324.27	.17
SNF/ICF/TRANS IP CARE	1	1	46.90	46.90	.000	46.90	.01
OPHTHALMOLOGICAL SERVICES	7	7	179.32	25.62	.001	25.62	.03
EXAMINATIONS	7	7	179.32	25.62	.001	25.62	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	33	2,827.74	85.69	.006	257.07	.48
PRINCIPAL SURGEON	9	8	2,273.64	284.21	.001	252.63	.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	25	554.10	22.16	.004	277.05	.09
OUTPATIENT SURGERY	16	36	2,064.75	57.35	.006	129.05	.35
PRINCIPAL SURGEON	13	17	1,546.65	90.98	.003	118.97	.26
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	19	518.10	27.27	.003	129.53	.09
DIALYSIS	4	4	675.12	168.78	.001	168.78	.11
PATHOLOGY	20	31	400.53	12.92	.005	20.03	.07
RADIOLOGY	48	100	5,437.00	54.37	.017	113.27	.92
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.000	13.76	.00
OTHER SERVICES/ALL X-OVERS	826	2,742	38,543.36	14.06	.465	46.66	6.54
@PHARMACY	4,417	707,439	\$ 1,623,225.20	\$ 2.29	120.088	\$ 367.49	\$ 275.54
PRESCRIPTION DRUGS	4,084	20,652	1,471,174.10	71.24	3.506	360.23	249.73
SNF/ICF	175	1,095	70,279.51	64.18	.186	401.60	11.93
OUTPATIENTS	3,980	19,557	1,400,894.59	71.63	3.320	351.98	237.80
MEDICAL SUPPLIES	1,288	686,787	152,051.10	.22	116.582	118.05	25.81
@DENTIST	171	842	\$ 33,811.60	\$ 40.16	.143	\$ 197.73	\$ 5.74
VISITS - DIAGNOSTIC	109	517	5,624.10	10.88	.088	51.60	.95
ORAL SURGERY	24	143	7,213.00	50.44	.024	300.54	1.22
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	9	10	1,108.00	110.80	.002	123.11	.19
ENDODONTICS	6	9	1,405.00	156.11	.002	234.17	.24
RESTORATIVE DENTISTRY	24	74	5,014.50	67.76	.013	208.94	.85
PROSTHETICS	1	1	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	36	92	13,447.00	146.16	.016	373.53	2.28
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	4CR	.00	.00	.001CR	.00	.00

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 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	5,891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	45		106 \$	2,224.54	\$ 20.99	.018	\$ 49.43	\$.38
DIAGNOSTIC AND ANC. PROCED	12		12	388.12	32.34	.002	32.34	.07
EYE APPLIANCES	33		89	1,753.08	19.70	.015	53.12	.30
OTHER OPTOMETRIC SERVICES	3		5	83.34	16.67	.001	27.78	.01
@CHIROPRACTOR	0		0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	133		361 \$	2,956.12	\$ 8.19	.061	\$ 22.23	\$.50
MEDICINE/INJECTIONS	1		1	57.20	57.20	.000	57.20	.01
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	132		360	2,898.92	8.05	.061	21.96	.49
@HOME HEALTH AGENCY	22		103 \$	7,390.39	\$ 71.75	.017	\$ 335.93	\$ 1.25
NURSE ANESTHESIST	12		94 \$	240.78	\$ 2.56	.016	\$ 20.07	\$.04
NURSE MIDWIFE	0		0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	9		9 \$	216.00	\$ 24.00	.002	\$ 24.00	\$.04
@TOTAL HOSPITAL	432		3,551 \$	223,326.29	\$ 62.89	.603	\$ 516.96	\$ 37.91
HOSP INPATIENT TOTAL	49		121	180,017.89	1487.75	.021	3673.83	30.56
HSC HOSPITALS	20		121	159,032.73	1314.32	.021	7951.64	27.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29	0	20,985.16	.00	.000	723.63	3.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	393	3,430	43,308.40	12.63	.582	110.20	7.35
MEDICAL	9	12	314.37	26.20	.002	34.93	.05
SURGERY	5	5	452.39	90.48	.001	90.48	.08
PATHOLOGY	25	137	949.05	6.93	.023	37.96	.16
RADIOLOGY	8	11	1,020.36	92.76	.002	127.55	.17
ROOM USE	38	48	2,070.31	43.13	.008	54.48	.35
CROSSOVERS/ALL OTH OUTPTNT	365	3,217	38,501.92	11.97	.546	105.48	6.54
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,631
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

5,891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	432	3,551	\$ 223,326.29	\$ 62.89	.603	\$ 516.96	\$ 37.91
COMM HOSP INPATIENT TOTAL	49	121	180,017.89	1487.75	.021	3673.83	30.56
HSC HOSPITALS	20	121	159,032.73	1314.32	.021	7951.64	27.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29	0	20,985.16	.00	.000	723.63	3.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	393	3,430	43,308.40	12.63	.582	110.20	7.35
MEDICAL	9	12	314.37	26.20	.002	34.93	.05
SURGERY	5	5	452.39	90.48	.001	90.48	.08
PATHOLOGY	25	137	949.05	6.93	.023	37.96	.16
RADIOLOGY	8	11	1,020.36	92.76	.002	127.55	.17
ROOM USE	38	48	2,070.31	43.13	.008	54.48	.35

CROSSOVERS/ALL OTH OUTPTNT	365	3,217		38,501.92	11.97	.546	105.48	6.54
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	154	3,574	\$	483,547.29	135.30	.607	3139.92	82.08
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	154	3,574		483,547.29	135.30	.607	3139.92	82.08
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	88	126	\$	66,799.90	530.16	.021	759.09	11.34
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	88	126		66,799.90	530.16	.021	759.09	11.34
@REHABILITATION FACILITY	11	35	\$	749.47	21.41	.006	68.13	.13
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	11	35		749.47	21.41	.006	68.13	.13
@LABORATORY FACILITY	37	158	\$	1,520.73	9.62	.027	41.10	.26
PATHOLOGY	35	155		1,421.71	9.17	.026	40.62	.24
XO AND OTHERS	2	3		99.02	33.01	.001	49.51	.02
@ORGANIZED OUTPATIENT CLINIC	14	21	\$	1,470.93	70.04	.004	105.07	.25
CLINIC	5	12		306.50	25.54	.002	61.30	.05
SURGICENTER	4	4		827.06	206.77	.001	206.77	.14
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	5		337.37	67.47	.001	67.47	.06

#CALIF DEPT OF HEALTH SERV MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

PAGE 10,632
03/14/05

5,891 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,550	196,891	\$ 753,138.31	\$ 3.83	33.422	\$ 485.90	\$ 127.85
DURABLE MED. EQUIP.	71	198	56,897.26	287.36	.034	801.37	9.66
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	418.00	418.00	.000	418.00	.07
MEDICAL TRANSPORTATION	357	31,358	109,697.65	3.50	5.323	307.28	18.62
AMBULANCES/AIR TRANS	45	245	4,838.19	19.75	.042	107.52	.82
OTHER TRANS	293	30,922	104,536.45	3.38	5.249	356.78	17.75
OTHER SERVICES	28	191	323.01	1.69	.032	11.54	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	211	2,999	208,291.08	69.45	.509	987.16	35.36
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	311	7,083	246,302.41	34.77	1.202	791.97	41.81
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	53	117	1,357.36	11.60	.020	25.61	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	9	15	67.00	4.47	.003	7.44	.01
PROSTHETIST/ORTHOTISTS	5	23	775.52	33.72	.004	155.10	.13
PROSTHETICS	5	23	775.52	33.72	.004	155.10	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	4	152.04	38.01	.001	38.01	.03
SPEECH AND AUDIOLOGY	17	49	1,824.42	37.23	.008	107.32	.31

HOSPICE SERVICES	12	263		34,413.36	130.85	.045	2867.78	5.84
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	33	3,762		15,668.23	4.16	.639	474.79	2.66
EPSDT SUPPLEMENTAL SERVICE	1	40		1,176.40	29.41	.007	1176.40	.20
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	767	150,979		76,097.58	.50	25.629	99.21	12.92
@CALIF. CHILDREN SERVICES*	34	2,035	\$	27,810.37	\$ 13.67	.345	\$ 817.95	\$ 4.72
@XOVER EXCLUDING STATE HOSP**	1,581	56,757	\$	265,220.13	\$ 4.67	9.635	\$ 167.75	\$ 45.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,633
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED		

120,512 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	93,922	7,471,927	\$ 42,254,473.78	\$ 5.66	62.002	\$ 449.89	\$ 350.62
@PHYSICIANS SERVICES	22,077	66,426	\$ 1,398,026.49	\$ 21.05	.551	\$ 63.33	\$ 11.60
OUTPATIENT VISITS	4,488	6,053	188,905.97	31.21	.050	42.09	1.57
OFFICE VISITS	4,227	5,608	162,172.61	28.92	.047	38.37	1.35
HOME VISITS	1	1	25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	272	301	23,261.44	77.28	.002	85.52	.19
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	114	143	3,446.72	24.10	.001	30.23	.03
INPATIENT VISITS	277	1,230	55,419.57	45.06	.010	200.07	.46
HOSPITAL VISITS	255	1,148	48,969.86	42.66	.010	192.04	.41
CRITICAL CARE	19	54	5,785.98	107.15	.000	304.53	.05
SNF/ICF/TRANS IP CARE	19	28	663.73	23.70	.000	34.93	.01
OPHTHALMOLOGICAL SERVICES	298	385	13,300.48	34.55	.003	44.63	.11
EXAMINATIONS	287	373	13,030.19	34.93	.003	45.40	.11
SERVICES AND MATERIALS	12	12	270.29	22.52	.000	22.52	.00
INPATIENT HOSPITAL SURGERY	109	493	49,780.83	100.98	.004	456.70	.41
PRINCIPAL SURGEON	81	123	38,426.19	312.41	.001	474.40	.32
ASSISTANT SURGEON	13	14	2,790.87	199.35	.000	214.68	.02
ANESTHESIOLOGIST	36	356	8,563.77	24.06	.003	237.88	.07
OUTPATIENT SURGERY	380	809	100,527.47	124.26	.007	264.55	.83
PRINCIPAL SURGEON	323	441	87,999.57	199.55	.004	272.44	.73
ASSISTANT SURGEON	4	4	610.94	152.74	.000	152.74	.01
ANESTHESIOLOGIST	92	364	11,916.96	32.74	.003	129.53	.10
DIALYSIS	26	131	6,330.95	48.33	.001	243.50	.05
PATHOLOGY	760	1,223	8,844.62	7.23	.010	11.64	.07
RADIOLOGY	1,225	2,342	170,446.80	72.78	.019	139.14	1.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	207	877	22,962.50	26.18	.007	110.93	.19
OTHER SERVICES/ALL X-OVERS	17,592	52,883	781,507.30	14.78	.439	44.42	6.48
@PHARMACY	79,580	3,194,298	\$ 21,484,238.22	\$ 6.73	26.506	\$ 269.97	\$ 178.27
PRESCRIPTION DRUGS	77,970	332,887	20,617,155.95	61.93	2.762	264.42	171.08
SNF/ICF	2,455	14,654	824,487.27	56.26	.122	335.84	6.84
OUTPATIENTS	76,226	318,233	19,792,668.68	62.20	2.641	259.66	164.24
MEDICAL SUPPLIES	8,731	2,861,411	867,082.27	.30	23.744	99.31	7.19
@DENTIST	5,041	21,702	\$ 991,270.36	\$ 45.68	.180	\$ 196.64	\$ 8.23
VISITS - DIAGNOSTIC	3,035	12,964	145,511.91	11.22	.108	47.94	1.21
ORAL SURGERY	990	2,522	121,301.40	48.10	.021	122.53	1.01

DRUGS	4	4	100.00	25.00	.000	25.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	267	277	27,530.00	99.39	.002	103.11	.23
ENDODONTICS	224	322	75,108.75	233.26	.003	335.31	.62
RESTORATIVE DENTISTRY	834	1,890	149,325.20	79.01	.016	179.05	1.24
PROSTHETICS	87	96	2,823.50	29.41	.001	32.45	.02
DENTURES, STAYPLATES	1,349	3,533	469,569.60	132.91	.029	348.09	3.90
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	88	94	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,634
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED						

120,512 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,218	6,745	\$	130,725.88	\$ 19.38	.056	\$ 58.94	\$ 1.08
DIAGNOSTIC AND ANC. PROCED	655	696		26,691.18	38.35	.006	40.75	.22
EYE APPLIANCES	1,809	5,787		95,582.17	16.52	.048	52.84	.79
OTHER OPTOMETRIC SERVICES	206	262		8,452.53	32.26	.002	41.03	.07
@CHIROPRACTOR	13	26	\$	352.56	\$ 13.56	.000	\$ 27.12	\$.00
VISITS	8	13		200.64	15.43	.000	25.08	.00
OTHER SERVICES	5	13		151.92	11.69	.000	30.38	.00
@PODIATRIST	1,784	2,831	\$	33,955.67	\$ 11.99	.023	\$ 19.03	\$.28
MEDICINE/INJECTIONS	144	149		4,722.00	31.69	.001	32.79	.04
SURGERY/ANES.	13	15		249.40	16.63	.000	19.18	.00
RADIO./PATHOLOGY	2	3		51.90	17.30	.000	25.95	.00
OTHER	1,641	2,664		28,932.37	10.86	.022	17.63	.24
@HOME HEALTH AGENCY	73	425	\$	29,646.78	\$ 69.76	.004	\$ 406.12	\$.25
NURSE ANESTHESIST	51	379	\$	1,233.51	\$ 3.25	.003	\$ 24.19	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	14	\$	295.54	\$ 21.11	.000	\$ 59.11	\$.00
@TOTAL HOSPITAL	6,073	40,289	\$	5,744,448.99	\$ 142.58	.334	\$ 945.90	\$ 47.67
HOSP INPATIENT TOTAL	1,128	4,357		5,155,209.41	1183.20	.036	4570.22	42.78
HSC HOSPITALS	805	4,208		4,768,704.92	1133.25	.035	5923.86	39.57
NON-HSC HOSPITAL TOTAL	38	149		142,437.60	955.96	.001	3748.36	1.18
ACCOMMODATIONS	38	149		54,871.51	368.27	.001	1443.99	.46
ADMINISTRATIVE DAYS	3	4		759.00	189.75	.000	253.00	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	35	145		54,112.51	373.19	.001	1546.07	.45
ANCILLARIES	38	0		87,566.09	.00	.000	2304.37	.73
INPATIENT CROSSOVERS	304	0		244,066.89	.00	.000	802.85	2.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,099	35,932		589,239.58	16.40	.298	115.56	4.89
MEDICAL	214	308		10,669.28	34.64	.003	49.86	.09
SURGERY	68	72		4,842.09	67.25	.001	71.21	.04
PATHOLOGY	365	2,132		16,774.55	7.87	.018	45.96	.14
RADIOLOGY	258	446		38,443.90	86.20	.004	149.01	.32
ROOM USE	410	540		22,323.60	41.34	.004	54.45	.19
CROSSOVERS/ALL OTH OUTPTNT	4,606	32,434		496,186.16	15.30	.269	107.73	4.12
@COUNTY HOSPITAL TOTAL	33	94	\$	27,076.75	\$ 288.05	.001	\$ 820.51	\$.22
CO HOSPITAL INPATIENT TOTAL	7	37		25,801.87	697.35	.000	3685.98	.21
HSC HOSPITALS	6	30		23,927.09	797.57	.000	3987.85	.20

NON-HSC HOSPITALS TOTAL	2	7	998.78	142.68	.000	499.39	.01
ACCOMMODATIONS	2	7	615.21	87.89	.000	307.61	.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	615.21	87.89	.000	307.61	.01
ANCILLARIES	2	0	383.57	.00	.000	191.79	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	27	57	1,274.88	22.37	.000	47.22	.01
MEDICAL	3	3	89.74	29.91	.000	29.91	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	29.45	29.45	.000	29.45	.00
ROOM USE	5	5	183.30	36.66	.000	36.66	.00
CROSSOVERS/ALL OTH OUTPTNT	22	48	972.39	20.26	.000	44.20	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,635
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
120,512 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,041	40,195	\$ 5,717,372.24	\$ 142.24	.334	\$ 946.43	\$ 47.44	
COMM HOSP INPATIENT TOTAL	1,122	4,320	5,129,407.54	1187.36	.036	4571.66	42.56	
HSC HOSPITALS	800	4,178	4,744,777.83	1135.66	.035	5930.97	39.37	
NON-HSC HOSPITALS TOTAL	36	142	141,438.82	996.05	.001	3928.86	1.17	
ACCOMMODATIONS	36	142	54,256.30	382.09	.001	1507.12	.45	
ADMINISTRATIVE DAYS	3	4	759.00	189.75	.000	253.00	.01	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	33	138	53,497.30	387.66	.001	1621.13	.44	
ANCILLARIES	36	0	87,182.52	.00	.000	2421.74	.72	
INPATIENT CROSSOVERS	303	0	243,190.89	.00	.000	802.61	2.02	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	5,072	35,875		587,964.70	16.39	.298	115.92	4.88
MEDICAL	211	305		10,579.54	34.69	.003	50.14	.09
SURGERY	68	72		4,842.09	67.25	.001	71.21	.04
PATHOLOGY	365	2,132		16,774.55	7.87	.018	45.96	.14
RADIOLOGY	257	445		38,414.45	86.32	.004	149.47	.32
ROOM USE	405	535		22,140.30	41.38	.004	54.67	.18
CROSSOVERS/ALL OTH OUTPTNT	4,584	32,386		495,213.77	15.29	.269	108.03	4.11
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2,048	48,692	\$	6,635,516.80	\$ 136.28	.404	\$ 3240.00	\$ 55.06
LEV A-INTERMEDIATE	23	697		48,209.31	69.17	.006	2096.06	.40
LEV B-REHAB MD	11	363		45,455.81	125.22	.003	4132.35	.38
LEV B-SUBACUTE FREESTANDING	4	123		46,883.00	381.16	.001	11720.75	.39
LEV B-SUBACUTE HSPTL BASED	7	155		79,472.28	512.72	.001	11353.18	.66
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,009	47,354		6,415,496.40	135.48	.393	3193.38	53.24
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	496	2,337	\$	393,835.70	\$ 168.52	.019	\$ 794.02	\$ 3.27
HOSPITAL BASED	4	50		9,805.36	196.11	.000	2451.34	.08
HEMODIALYSIS CENTER	492	2,287		384,030.34	167.92	.019	780.55	3.19
@REHABILITATION FACILITY	8	23	\$	566.29	\$ 24.62	.000	\$ 70.79	\$.00
HOSPITAL BASED	8	23		566.29	24.62	.000	70.79	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,689	5,820	\$	63,909.69	\$ 10.98	.048	\$ 37.84	\$.53
PATHOLOGY	1,489	5,444		59,159.39	10.87	.045	39.73	.49
XO AND OTHERS	200	376		4,750.30	12.63	.003	23.75	.04
@ORGANIZED OUTPATIENT CLINIC	865	3,110	\$	141,603.95	\$ 45.53	.026	\$ 163.70	\$ 1.18
CLINIC	291	1,760		38,305.71	21.76	.015	131.63	.32
SURGICENTER	369	1,052		85,071.33	80.87	.009	230.55	.71
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	206	298		18,226.91	61.16	.002	88.48	.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,636
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED							

		----- MONTHLY AVERAGE -----						
120,512 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	19,091	4,078,810	\$ 5,204,847.35	\$ 1.28	33.846	\$ 272.63	\$ 43.19	
DURABLE MED. EQUIP.	773	1,585	193,936.35	122.36	.013	250.89	1.61	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	77	99	36,795.60	371.67	.001	477.86	.31	
MEDICAL TRANSPORTATION	1,957	96,794	391,997.22	4.05	.803	200.31	3.25	
AMBULANCES/AIR TRANS	360	1,711	36,822.95	21.52	.014	102.29	.31	
OTHER TRANS	1,335	92,657	346,785.74	3.74	.769	259.76	2.88	
OTHER SERVICES	336	2,426	8,388.53	3.46	.020	24.97	.07	
ACUPUNCTURE	2,113	4,926	86,430.77	17.55	.041	40.90	.72	
ADULT DAY HEALTH CARE CTR	2,721	38,485	2,656,487.46	69.03	.319	976.29	22.04	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,320	9,751	508,373.23	52.14	.081	385.13	4.22	
OCCUPATIONAL THERAPIST	2	62	198.21	3.20	.001	99.11	.00	
OPTICIAN	2,470	6,032	68,556.35	11.37	.050	27.76	.57	
PHYSICAL THERAPIST	69	633	8,284.64	13.09	.005	120.07	.07	

PORTABLE X-RAY	122	220	482.61	2.19	.002	3.96	.00
PROSTHETIST/ORTHOTISTS	71	179	4,724.45	26.39	.001	66.54	.04
PROSTHETICS	71	179	4,724.45	26.39	.001	66.54	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	7	11	25.28	2.30	.000	3.61	.00
SPEECH AND AUDIOLOGY	439	1,154	126,875.33	109.94	.010	289.01	1.05
HOSPICE SERVICES	141	3,412	454,101.45	133.09	.028	3220.58	3.77
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	4	34.49	8.62	.000	11.50	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9,088	3,915,463	667,543.91	.17	32.490	73.45	5.54
@CALIF. CHILDREN SERVICES*	4	1,749	\$ 607.57	\$.35	.015	\$ 151.89	\$.01
@XOVER EXCLUDING STATE HOSP**	25,807	329,353	\$ 2,816,750.29	\$ 8.55	2.733	\$ 109.15	\$ 23.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,637
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

11,706 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,992	910,610	\$ 6,932,486.33	\$ 7.61	77.790	\$ 770.96	\$ 592.22
@PHYSICIANS SERVICES	3,165	9,995	\$ 349,207.61	\$ 34.94	.854	\$ 110.33	\$ 29.83
OUTPATIENT VISITS	1,643	2,408	81,879.07	34.00	.206	49.84	6.99
OFFICE VISITS	1,270	1,773	54,001.16	30.46	.151	42.52	4.61
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	241	275	18,959.37	68.94	.023	78.67	1.62
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	5	25	509.69	20.39	.002	101.94	.04
OTHER OUTPATIENT	254	334	8,371.46	25.06	.029	32.96	.72
INPATIENT VISITS	163	780	40,694.11	52.17	.067	249.66	3.48
HOSPITAL VISITS	129	661	29,151.33	44.10	.056	225.98	2.49
CRITICAL CARE	17	71	9,969.65	140.42	.006	586.45	.85
SNF/ICF/TRANS IP CARE	33	48	1,573.13	32.77	.004	47.67	.13
OPHTHALMOLOGICAL SERVICES	195	262	10,001.44	38.17	.022	51.29	.85
EXAMINATIONS	191	257	9,883.21	38.46	.022	51.74	.84
SERVICES AND MATERIALS	5	5	118.23	23.65	.000	23.65	.01
INPATIENT HOSPITAL SURGERY	48	225	27,585.57	122.60	.019	574.70	2.36
PRINCIPAL SURGEON	36	56	21,902.73	391.12	.005	608.41	1.87
ASSISTANT SURGEON	5	5	1,420.28	284.06	.000	284.06	.12
ANESTHESIOLOGIST	19	164	4,262.56	25.99	.014	224.35	.36
OUTPATIENT SURGERY	190	492	53,801.57	109.35	.042	283.17	4.60
PRINCIPAL SURGEON	155	204	45,288.46	222.00	.017	292.18	3.87
ASSISTANT SURGEON	4	4	938.57	234.64	.000	234.64	.08
ANESTHESIOLOGIST	52	284	7,574.54	26.67	.024	145.66	.65
DIALYSIS	79	356	22,291.02	62.62	.030	282.16	1.90
PATHOLOGY	219	403	3,656.81	9.07	.034	16.70	.31
RADIOLOGY	485	935	38,501.18	41.18	.080	79.38	3.29
PSYCHIATRY	1	1	32.98	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	72	116	1,912.38	16.49	.010	26.56	.16
OTHER SERVICES/ALL X-OVERS	1,379	4,017	68,851.48	17.14	.343	49.93	5.88
@PHARMACY	7,151	338,882	\$ 2,761,057.43	\$ 8.15	28.949	\$ 386.11	\$ 235.87
PRESCRIPTION DRUGS	6,950	33,209	2,587,242.20	77.91	2.837	372.27	221.02

SNF/ICF	208	1,056		103,819.90	98.31	.090	499.13	8.87
OUTPATIENTS	6,827	32,153		2,483,422.30	77.24	2.747	363.76	212.15
MEDICAL SUPPLIES	1,375	305,673		173,815.23	.57	26.113	126.41	14.85
@DENTIST	497	2,457	\$	76,545.25	\$ 31.15	.210	\$ 154.01	\$ 6.54
VISITS - DIAGNOSTIC	343	1,685		20,360.90	12.08	.144	59.36	1.74
ORAL SURGERY	90	245		13,181.00	53.80	.021	146.46	1.13
DRUGS	1	1		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	33	36		3,641.00	101.14	.003	110.33	.31
ENDODONTICS	24	26		6,421.00	246.96	.002	267.54	.55
RESTORATIVE DENTISTRY	104	266		13,286.00	49.95	.023	127.75	1.13
PROSTHETICS	6	6		170.00	28.33	.001	28.33	.01
DENTURES, STAYPLATES	50	171		18,960.35	110.88	.015	379.21	1.62
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	8	9		525.00	58.33	.001	65.63	.04
ALL OTHER SERVICES	16	12		.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,638
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

11,706 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	144	399	\$ 9,644.72	\$ 24.17	.034	\$ 66.98	\$.82
DIAGNOSTIC AND ANC. PROCED	63	64	2,459.82	38.43	.005	39.04	.21
EYE APPLIANCES	108	317	6,680.80	21.08	.027	61.86	.57
OTHER OPTOMETRIC SERVICES	8	18	504.10	28.01	.002	63.01	.04
@CHIROPRACTOR	18	28	\$ 468.16	\$ 16.72	.002	\$ 26.01	\$.04
VISITS	17	27	451.44	16.72	.002	26.56	.04
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	210	323	\$ 5,084.36	\$ 15.74	.028	\$ 24.21	\$.43
MEDICINE/INJECTIONS	52	55	1,643.80	29.89	.005	31.61	.14
SURGERY/ANES.	6	10	181.06	18.11	.001	30.18	.02
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	160	256	3,224.90	12.60	.022	20.16	.28
@HOME HEALTH AGENCY	135	7,936	\$ 250,973.40	\$ 31.62	.678	\$ 1859.06	\$ 21.44
NURSE ANESTHESIST	7	60	\$ 174.99	\$ 2.92	.005	\$ 25.00	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	10	\$ 182.49	\$ 18.25	.001	\$ 45.62	\$.02
@TOTAL HOSPITAL	1,312	9,511	\$ 1,358,621.72	\$ 142.85	.812	\$ 1035.53	\$ 116.06
HOSP INPATIENT TOTAL	159	871	1,056,894.13	1213.43	.074	6647.13	90.29
HSC HOSPITALS	129	826	1,007,980.97	1220.32	.071	7813.81	86.11
NON-HSC HOSPITAL TOTAL	4	45	24,114.56	535.88	.004	6028.64	2.06
ACCOMMODATIONS	4	45	12,323.63	273.86	.004	3080.91	1.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	45	12,323.63	273.86	.004	3080.91	1.05
ANCILLARIES	4	0	11,790.93	.00	.000	2947.73	1.01
INPATIENT CROSSOVERS	29	0	24,798.60	.00	.000	855.12	2.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,207	8,640	301,727.59	34.92	.738	249.98	25.78
MEDICAL	196	285	9,316.66	32.69	.024	47.53	.80
SURGERY	76	84	6,156.41	73.29	.007	81.01	.53
PATHOLOGY	363	2,319	18,899.27	8.15	.198	52.06	1.61

RADIOLOGY	220	326	27,503.13	84.37	.028	125.01	2.35
ROOM USE	641	1,015	40,066.15	39.47	.087	62.51	3.42
CROSSOVERS/ALL OTH OUTPTNT	589	4,611	199,785.97	43.33	.394	339.20	17.07
@COUNTY HOSPITAL TOTAL	3	63	\$ 38,742.15	\$ 614.95	.005	\$ 12914.05	\$ 3.31
CO HOSPITAL INPATIENT TOTAL	1	52	38,601.54	742.34	.004	38601.54	3.30
HSC HOSPITALS	1	30	33,000.00	1100.00	.003	33000.00	2.82
NON-HSC HOSPITALS TOTAL	1	22	5,601.54	254.62	.002	5601.54	.48
ACCOMMODATIONS	1	22	5,088.60	231.30	.002	5088.60	.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	22	5,088.60	231.30	.002	5088.60	.43
ANCILLARIES	1	0	512.94	.00	.000	512.94	.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	11	140.61	12.78	.001	70.31	.01
MEDICAL	1	1	8.44	8.44	.000	8.44	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	47.28	9.46	.000	47.28	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	52.23	52.23	.000	52.23	.00
CROSSOVERS/ALL OTH OUTPTNT	2	4	32.66	8.17	.000	16.33	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,639
MPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

		----- MONTHLY AVERAGE -----						
11,706 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,311	9,448	\$ 1,319,879.57	\$ 139.70	.807	\$ 1006.77	\$ 112.75	
COMM HOSP INPATIENT TOTAL	158	819	1,018,292.59	1243.34	.070	6444.89	86.99	
HSC HOSPITALS	128	796	974,980.97	1224.85	.068	7617.04	83.29	
NON-HSC HOSPITALS TOTAL	3	23	18,513.02	804.91	.002	6171.01	1.58	
ACCOMMODATIONS	3	23	7,235.03	314.57	.002	2411.68	.62	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	3	23	7,235.03	314.57	.002	2411.68	.62	
ANCILLARIES	3	0	11,277.99	.00	.000	3759.33	.96	
INPATIENT CROSSOVERS	29	0	24,798.60	.00	.000	855.12	2.12	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,207	8,629	301,586.98	34.95	.737	249.86	25.76	
MEDICAL	195	284	9,308.22	32.78	.024	47.73	.80	
SURGERY	76	84	6,156.41	73.29	.007	81.01	.53	
PATHOLOGY	363	2,314	18,851.99	8.15	.198	51.93	1.61	
RADIOLOGY	220	326	27,503.13	84.37	.028	125.01	2.35	
ROOM USE	640	1,014	40,013.92	39.46	.087	62.52	3.42	
CROSSOVERS/ALL OTH OUTPTNT	587	4,607	199,753.31	43.36	.394	340.30	17.06	
@STATE HOSPITAL	1	226	\$ 154,385.67	\$ 683.12	.019	\$154385.67	\$ 13.19	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	1	226	154,385.67	683.12	.019	154385.67	13.19	
@NURSING FACILITY	114	2,667	\$ 410,187.46	\$ 153.80	.228	\$ 3598.14	\$ 35.04	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	114	2,667	410,187.46	153.80	.228	3598.14	35.04	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	281	12,685	\$ 449,814.93	\$ 35.46	1.084	\$ 1600.76	\$ 38.43
HOSPITAL BASED	9	149	28,810.52	193.36	.013	3201.17	2.46
HEMODIALYSIS CENTER	272	12,536	421,004.41	33.58	1.071	1547.81	35.96
@REHABILITATION FACILITY	108	714	\$ 14,255.44	\$ 19.97	.061	\$ 131.99	\$ 1.22
HOSPITAL BASED	10	16	740.36	46.27	.001	74.04	.06
INDEPENDENT FACILITY	98	698	13,515.08	19.36	.060	137.91	1.15
@LABORATORY FACILITY	472	1,927	\$ 20,963.42	\$ 10.88	.165	\$ 44.41	\$ 1.79
PATHOLOGY	469	1,916	20,910.61	10.91	.164	44.59	1.79
XO AND OTHERS	3	11	52.81	4.80	.001	17.60	.00
@ORGANIZED OUTPATIENT CLINIC	182	586	\$ 37,060.06	\$ 63.24	.050	\$ 203.63	\$ 3.17
CLINIC	113	415	24,077.92	58.02	.035	213.08	2.06
SURGICENTER	26	116	4,799.12	41.37	.010	184.58	.41
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	44	55	8,183.02	148.78	.005	185.98	.70

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,640
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

11,706 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,355	522,204	\$ 1,033,859.22	\$ 1.98	44.610	\$ 439.01	\$ 88.32
DURABLE MED. EQUIP.	213	618	102,463.99	165.80	.053	481.05	8.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13	19	2,294.80	120.78	.002	176.52	.20
MEDICAL TRANSPORTATION	503	56,296	213,608.47	3.79	4.809	424.67	18.25
AMBULANCES/AIR TRANS	193	1,243	25,056.24	20.16	.106	129.83	2.14
OTHER TRANS	315	54,807	187,944.90	3.43	4.682	596.65	16.06
OTHER SERVICES	31	246	607.33	2.47	.021	19.59	.05
ACUPUNCTURE	67	158	2,757.33	17.45	.013	41.15	.24

ADULT DAY HEALTH CARE CTR	126	1,957	133,063.93	67.99	.167	1056.06	11.37
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	142	6,820	179,130.48	26.27	.583	1261.48	15.30
OCCUPATIONAL THERAPIST	6	103	563.97	5.48	.009	94.00	.05
OPTICIAN	175	415	9,910.69	23.88	.035	56.63	.85
PHYSICAL THERAPIST	8	48	656.83	13.68	.004	82.10	.06
PORTABLE X-RAY	5	13	364.23	28.02	.001	72.85	.03
PROSTHETIST/ORTHOTISTS	31	143	16,737.60	117.05	.012	539.92	1.43
PROSTHETICS	31	143	16,737.60	117.05	.012	539.92	1.43
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	6	109.50	18.25	.001	54.75	.01
SPEECH AND AUDIOLOGY	85	341	20,064.23	58.84	.029	236.05	1.71
HOSPICE SERVICES	11	330	45,278.05	137.21	.028	4116.19	3.87
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	512	54,393	176,291.25	3.24	4.647	344.32	15.06
EPSDT SUPPLEMENTAL SERVICE	10	1,046	30,762.86	29.41	.089	3076.29	2.63
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	825	399,495	99,486.01	.25	34.127	120.59	8.50
@CALIF. CHILDREN SERVICES*	391	28,311	\$ 619,316.20	\$ 21.88	2.419	\$ 1583.93	\$ 52.91
@XOVER EXCLUDING STATE HOSP**	1,682	19,595	\$ 322,015.46	\$ 16.43	1.674	\$ 191.45	\$ 27.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,641
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	433,491 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		360,935	15,793,811	\$ 234,451,093.64	\$ 14.84	36.434	\$ 649.57	\$ 540.84
@PHYSICIANS SERVICES		130,524	440,555	\$ 15,978,817.66	\$ 36.27	1.016	\$ 122.42	\$ 36.86
OUTPATIENT VISITS		80,359	115,624	3,998,939.97	34.59	.267	49.76	9.22
OFFICE VISITS		63,204	87,490	2,650,577.98	30.30	.202	41.94	6.11
HOME VISITS		181	239	8,928.45	37.36	.001	49.33	.02
EMERGENCY ROOM		12,822	15,783	1,008,914.66	63.92	.036	78.69	2.33
PREVENTIVE CARE		9	9	446.92	49.66	.000	49.66	.00
OB VISITS/COMPRE PERI		360	846	43,881.00	51.87	.002	121.89	.10
OTHER OUTPATIENT		8,980	11,257	286,190.96	25.42	.026	31.87	.66
INPATIENT VISITS		6,804	36,996	1,903,234.23	51.44	.085	279.72	4.39
HOSPITAL VISITS		5,617	31,447	1,330,328.43	42.30	.073	236.84	3.07
CRITICAL CARE		689	3,449	506,486.68	146.85	.008	735.10	1.17
SNF/ICF/TRANS IP CARE		1,164	2,100	66,419.12	31.63	.005	57.06	.15
OPHTHALMOLOGICAL SERVICES		2,142	2,723	103,371.01	37.96	.006	48.26	.24
EXAMINATIONS		1,943	2,521	99,261.50	39.37	.006	51.09	.23
SERVICES AND MATERIALS		202	202	4,109.51	20.34	.000	20.34	.01
INPATIENT HOSPITAL SURGERY		2,847	17,563	1,567,886.04	89.27	.041	550.72	3.62
PRINCIPAL SURGEON		2,117	3,438	1,181,290.33	343.60	.008	558.00	2.73
ASSISTANT SURGEON		261	294	63,062.12	214.50	.001	241.62	.15
ANESTHESIOLOGIST		1,136	13,831	323,533.59	23.39	.032	284.80	.75
OUTPATIENT SURGERY		6,784	15,517	1,402,851.73	90.41	.036	206.79	3.24
PRINCIPAL SURGEON		5,735	7,380	1,163,381.11	157.64	.017	202.86	2.68
ASSISTANT SURGEON		51	51	8,326.11	163.26	.000	163.26	.02
ANESTHESIOLOGIST		1,469	8,086	231,144.51	28.59	.019	157.35	.53
DIALYSIS		881	3,495	282,938.32	80.96	.008	321.16	.65
PATHOLOGY		10,944	23,122	297,957.12	12.89	.053	27.23	.69

RADIOLOGY	24,640	51,147		2,473,543.60	48.36	.118	100.39	5.71
PSYCHIATRY	58	71		3,074.68	43.31	.000	53.01	.01
IMMUNIZATION AND INJECTION	4,100	27,813		868,622.90	31.23	.064	211.86	2.00
OTHER SERVICES/ALL X-OVERS	48,788	146,484		3,076,398.06	21.00	.338	63.06	7.10
@PHARMACY	280,071	6,857,961	\$	117,971,215.89	\$ 17.20	15.820	\$ 421.22	\$ 272.14
PRESCRIPTION DRUGS	275,844	1,317,544		110,304,227.79	83.72	3.039	399.88	254.46
SNF/ICF	6,341	42,883		3,636,381.30	84.80	.099	573.47	8.39
OUTPATIENTS	271,439	1,274,661		106,667,846.49	83.68	2.940	392.97	246.07
MEDICAL SUPPLIES	29,148	5,540,417		7,666,988.10	1.38	12.781	263.04	17.69
@DENTIST	24,198	114,339	\$	4,148,006.96	\$ 36.28	.264	\$ 171.42	\$ 9.57
VISITS - DIAGNOSTIC	15,973	73,733		872,423.10	11.83	.170	54.62	2.01
ORAL SURGERY	4,498	11,328		582,768.58	51.44	.026	129.56	1.34
DRUGS	30	31		480.00	15.48	.000	16.00	.00
ANESTHESIA	37	40		3,200.00	80.00	.000	86.49	.01
PERIODONTICS	1,639	1,804		197,098.10	109.26	.004	120.26	.45
ENDODONTICS	1,421	2,060		467,826.10	227.10	.005	329.22	1.08
RESTORATIVE DENTISTRY	6,355	14,992		995,417.20	66.40	.035	156.64	2.30
PROSTHETICS	313	330		10,400.50	31.52	.001	33.23	.02
DENTURES, STAYPLATES	2,980	9,164		1,005,406.20	109.71	.021	337.38	2.32
SPACE MAINTAINERS	9	10		1,000.00	100.00	.000	111.11	.00
MAXILLOFACIAL SERVICES	10	11		912.18	82.93	.000	91.22	.00
FRACTURES, DISLOCATIONS	1	1		140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	134	152		9,910.00	65.20	.000	73.96	.02
ALL OTHER SERVICES	542	683		1,025.00	1.50	.002	1.89	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,642
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED							

433,491 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9,289	28,952	\$ 608,163.52	\$ 21.01	.067	\$ 65.47	\$ 1.40
DIAGNOSTIC AND ANC. PROCED	4,996	5,443	215,676.68	39.62	.013	43.17	.50
EYE APPLIANCES	7,616	22,915	376,179.72	16.42	.053	49.39	.87
OTHER OPTOMETRIC SERVICES	468	594	16,307.12	27.45	.001	34.84	.04
@CHIROPRACTOR	775	1,499	\$ 24,772.53	\$ 16.53	.003	\$ 31.96	\$.06
VISITS	758	1,466	24,340.72	16.60	.003	32.11	.06
OTHER SERVICES	17	33	431.81	13.09	.000	25.40	.00
@PODIATRIST	5,317	8,698	\$ 152,580.22	\$ 17.54	.020	\$ 28.70	\$.35
MEDICINE/INJECTIONS	2,184	2,427	70,532.97	29.06	.006	32.30	.16
SURGERY/ANES.	170	268	10,824.44	40.39	.001	63.67	.02
RADIO./PATHOLOGY	147	195	3,400.33	17.44	.000	23.13	.01
OTHER	3,117	5,808	67,822.48	11.68	.013	21.76	.16
@HOME HEALTH AGENCY	2,377	130,194	\$ 4,627,892.48	\$ 35.55	.300	\$ 1946.95	\$ 10.68
NURSE ANESTHESIST	126	1,183	\$ 4,283.34	\$ 3.62	.003	\$ 33.99	\$.01
NURSE MIDWIFE	6	40	\$ 1,729.75	\$ 43.24	.000	\$ 288.29	\$.00
PEDIATRIC NURSE PRACTITIONER	16	17	\$ 499.79	\$ 29.40	.000	\$ 31.24	\$.00
FAMILY NURSE PRACTITIONER	929	2,458	\$ 55,643.49	\$ 22.64	.006	\$ 59.90	\$.13
@TOTAL HOSPITAL	49,456	359,932	\$ 48,282,780.06	\$ 134.14	.830	\$ 976.28	\$ 111.38
HOSP INPATIENT TOTAL	6,001	32,332	40,395,938.32	1249.41	.075	6731.53	93.19
HSC HOSPITALS	4,705	28,594	36,044,033.58	1260.55	.066	7660.79	83.15
NON-HSC HOSPITAL TOTAL	463	3,738	3,380,164.22	904.27	.009	7300.57	7.80
ACCOMMODATIONS	461	3,738	1,577,552.92	422.03	.009	3422.02	3.64
ADMINISTRATIVE DAYS	18	202	41,727.35	206.57	.000	2318.19	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	443	3,536	1,535,825.57	434.34	.008	3466.87	3.54
ANCILLARIES	456	0	1,802,611.30	.00	.000	3953.09	4.16

INPATIENT CROSSOVERS	1,014	0	971,740.52	.00	.000	958.32	2.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	45,543	327,600	7,886,841.74	24.07	.756	173.17	18.19
MEDICAL	10,257	16,766	710,104.31	42.35	.039	69.23	1.64
SURGERY	2,789	3,185	150,376.20	47.21	.007	53.92	.35
PATHOLOGY	16,537	117,837	955,223.61	8.11	.272	57.76	2.20
RADIOLOGY	10,390	17,590	1,608,527.75	91.45	.041	154.81	3.71
ROOM USE	24,596	36,461	1,385,241.45	37.99	.084	56.32	3.20
CROSSOVERS/ALL OTH OUTPTNT	21,995	135,761	3,077,368.42	22.67	.313	139.91	7.10
@COUNTY HOSPITAL TOTAL	309	1,399	\$ 253,160.47	\$ 180.96	.003	\$ 819.29	\$.58
CO HOSPITAL INPATIENT TOTAL	34	179	216,547.35	1209.76	.000	6369.04	.50
HSC HOSPITALS	29	151	177,408.02	1174.89	.000	6117.52	.41
NON-HSC HOSPITALS TOTAL	5	28	39,139.33	1397.83	.000	7827.87	.09
ACCOMMODATIONS	4	28	15,180.30	542.15	.000	3795.08	.04
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	28	15,180.30	542.15	.000	3795.08	.04
ANCILLARIES	5	0	23,959.03	.00	.000	4791.81	.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	283	1,220	36,613.12	30.01	.003	129.37	.08
MEDICAL	108	145	4,980.91	34.35	.000	46.12	.01
SURGERY	24	35	1,167.94	33.37	.000	48.66	.00
PATHOLOGY	109	486	7,801.83	16.05	.001	71.58	.02
RADIOLOGY	44	68	7,200.37	105.89	.000	163.64	.02
ROOM USE	168	219	9,549.55	43.61	.001	56.84	.02
CROSSOVERS/ALL OTH OUTPTNT	129	267	5,912.52	22.14	.001	45.83	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					----- MONTHLY AVERAGE -----			
433,491 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	49,207	358,533	\$ 48,029,619.59	\$ 133.96	.827	\$ 976.07	\$ 110.80	
COMM HOSP INPATIENT TOTAL	5,971	32,153	40,179,390.97	1249.63	.074	6729.09	92.69	
HSC HOSPITALS	4,679	28,443	35,866,625.56	1261.00	.066	7665.45	82.74	
NON-HSC HOSPITALS TOTAL	458	3,710	3,341,024.89	900.55	.009	7294.81	7.71	
ACCOMMODATIONS	457	3,710	1,562,372.62	421.12	.009	3418.76	3.60	
ADMINISTRATIVE DAYS	18	202	41,727.35	206.57	.000	2318.19	.10	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	439	3,508	1,520,645.27	433.48	.008	3463.88	3.51	
ANCILLARIES	451	0	1,778,652.27	.00	.000	3943.80	4.10	
INPATIENT CROSSOVERS	1,014	0	971,740.52	.00	.000	958.32	2.24	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	45,309	326,380	7,850,228.62	24.05	.753	173.26	18.11	
MEDICAL	10,155	16,621	705,123.40	42.42	.038	69.44	1.63	
SURGERY	2,765	3,150	149,208.26	47.37	.007	53.96	.34	
PATHOLOGY	16,443	117,351	947,421.78	8.07	.271	57.62	2.19	
RADIOLOGY	10,348	17,522	1,601,327.38	91.39	.040	154.75	3.69	
ROOM USE	24,452	36,242	1,375,691.90	37.96	.084	56.26	3.17	
CROSSOVERS/ALL OTH OUTPTNT	21,885	135,494	3,071,455.90	22.67	.313	140.35	7.09	
@STATE HOSPITAL	17	518	\$ 315,595.70	\$ 609.26	.001	\$ 18564.45	\$.73	
MENTALLY ILL	1	31	14,349.35	462.88	.000	14349.35	.03	
DEVELOP. DISABLED	16	487	301,246.35	618.58	.001	18827.90	.69	
@NURSING FACILITY	3,060	82,408	\$ 12,854,461.28	\$ 155.99	.190	\$ 4200.80	\$ 29.65	
LEV A-INTERMEDIATE	57	1,710	149,115.60	87.20	.004	2616.06	.34	

LEV B-REHAB MD	90	2,702		336,037.44	124.37	.006	3733.75	.78
LEV B-SUBACUTE FREESTANDING	13	395		255,828.69	647.67	.001	19679.13	.59
LEV B-SUBACUTE HSPTL BASED	98	2,897		1,644,972.35	567.82	.007	16785.43	3.79
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,805	74,704		10,468,507.20	140.13	.172	3732.09	24.15
@INTERMEDIATE CARE FACIL.-DD	686	20,387	\$	3,293,621.93	\$ 161.56	.047	\$ 4801.20	\$ 7.60
ICF DDH	394	11,937		2,022,824.09	169.46	.028	5134.07	4.67
ICF DD	263	7,654		1,102,383.30	144.03	.018	4191.57	2.54
ICF DDN/DDCN	29	796		168,414.54	211.58	.002	5807.40	.39
@HEMODIALYSIS TOTAL	3,738	128,986	\$	5,330,641.61	\$ 41.33	.298	\$ 1426.07	\$ 12.30
HOSPITAL BASED	102	1,871		356,933.44	190.77	.004	3499.35	.82
HEMODIALYSIS CENTER	3,639	127,115		4,973,708.17	39.13	.293	1366.78	11.47
@REHABILITATION FACILITY	1,763	13,529	\$	272,363.73	\$ 20.13	.031	\$ 154.49	\$.63
HOSPITAL BASED	682	2,378		69,913.23	29.40	.005	102.51	.16
INDEPENDENT FACILITY	1,088	11,151		202,450.50	18.16	.026	186.08	.47
@LABORATORY FACILITY	25,710	116,979	\$	1,288,981.35	\$ 11.02	.270	\$ 50.14	\$ 2.97
PATHOLOGY	25,438	116,043		1,281,316.95	11.04	.268	50.37	2.96
XO AND OTHERS	279	936		7,664.40	8.19	.002	27.47	.02
@ORGANIZED OUTPATIENT CLINIC	9,373	25,252	\$	1,085,884.78	\$ 43.00	.058	\$ 115.85	\$ 2.50
CLINIC	5,758	15,400		332,552.29	21.59	.036	57.75	.77
SURGICENTER	1,021	5,021		190,948.76	38.03	.012	187.02	.44
HEROIN DETOX CLINIC	42	507		5,231.73	10.32	.001	124.57	.01
RURAL HEALTH CLINIC	2,590	4,324		557,152.00	128.85	.010	215.12	1.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,644
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED							

----- MONTHLY AVERAGE -----								
433,491 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	66,237	7,459,924	\$ 18,153,157.57	\$ 2.43	17.209	\$ 274.06	\$ 41.88	
DURABLE MED. EQUIP.	5,150	21,391	3,006,823.98	140.56	.049	583.85	6.94	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	108	130	28,710.07	220.85	.000	265.83	.07	
MEDICAL TRANSPORTATION	11,567	622,984	2,863,923.74	4.60	1.437	247.59	6.61	
AMBULANCES/AIR TRANS	7,420	55,987	1,029,784.60	18.39	.129	138.78	2.38	
OTHER TRANS	3,719	561,698	1,789,594.10	3.19	1.296	481.20	4.13	
OTHER SERVICES	943	5,299	44,545.04	8.41	.012	47.24	.10	
ACUPUNCTURE	2,221	5,041	88,512.39	17.56	.012	39.85	.20	
ADULT DAY HEALTH CARE CTR	2,199	32,406	2,239,713.84	69.11	.075	1018.51	5.17	
GENETIC DISEASE TESTING	98	98	10,242.00	104.51	.000	104.51	.02	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,977	70,312	2,478,879.46	35.26	.162	1253.86	5.72	
OCCUPATIONAL THERAPIST	101	4,017	13,263.90	3.30	.009	131.33	.03	
OPTICIAN	10,467	24,358	269,682.37	11.07	.056	25.77	.62	
PHYSICAL THERAPIST	427	3,798	52,273.17	13.76	.009	122.42	.12	
PORTABLE X-RAY	200	432	8,111.21	18.78	.001	40.56	.02	
PROSTHETIST/ORTHOTISTS	608	2,213	236,758.66	106.99	.005	389.41	.55	
PROSTHETICS	605	2,209	236,425.08	107.03	.005	390.79	.55	
ORTHOTICS	4	4	333.58	83.40	.000	83.40	.00	
PSYCHOLOGIST	95	187	6,008.78	32.13	.000	63.25	.01	
SPEECH AND AUDIOLOGY	4,505	18,456	790,351.68	42.82	.043	175.44	1.82	
HOSPICE SERVICES	239	6,525	869,344.39	133.23	.015	3637.42	2.01	
NONINST BIRTHING CENTERS	1	1	1,106.68	1106.68	.000	1106.68	.00	
LOCAL EDUCATION AGENCIES	14,919	398,807	3,004,254.68	7.53	.920	201.37	6.93	
EPSDT SUPPLEMENTAL SERVICE	97	7,191	210,597.67	29.29	.017	2171.11	.49	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	17,108	6,241,577		1,974,598.90		.32	14.398	115.42	4.56
@CALIF. CHILDREN SERVICES*	8,636	346,588	\$	15,937,228.60	\$	45.98	.800	\$ 1845.44	\$ 36.76
@XOVER EXCLUDING STATE HOSP**	46,496	465,584	\$	6,753,193.98	\$	14.50	1.074	\$ 145.24	\$ 15.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL

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SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
141,292 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	109,099	686,318	\$ 28,241,846.38	\$ 41.15	4.857	\$ 258.86	\$ 199.88	
@PHYSICIANS SERVICES	25,150	67,429	\$ 3,903,872.44	\$ 57.90	.477	\$ 155.22	\$ 27.63	
OUTPATIENT VISITS	18,812	24,541	993,581.41	40.49	.174	52.82	7.03	
OFFICE VISITS	12,251	14,857	542,807.89	36.54	.105	44.31	3.84	
HOME VISITS	181	199	6,323.48	31.78	.001	34.94	.04	
EMERGENCY ROOM	4,045	4,472	240,693.65	53.82	.032	59.50	1.70	
PREVENTIVE CARE	68	68	3,137.90	46.15	.000	46.15	.02	
OB VISITS/COMPRE PERI	1,045	2,570	133,813.40	52.07	.018	128.05	.95	
OTHER OUTPATIENT	2,056	2,375	66,805.09	28.13	.017	32.49	.47	
INPATIENT VISITS	1,871	9,554	991,091.87	103.74	.068	529.71	7.01	
HOSPITAL VISITS	1,530	5,108	277,349.03	54.30	.036	181.27	1.96	
CRITICAL CARE	543	4,386	711,115.36	162.13	.031	1309.60	5.03	
SNF/ICF/TRANS IP CARE	10	60	2,627.48	43.79	.000	262.75	.02	
OPHTHALMOLOGICAL SERVICES	347	478	20,611.80	43.12	.003	59.40	.15	
EXAMINATIONS	306	435	19,676.87	45.23	.003	64.30	.14	
SERVICES AND MATERIALS	43	43	934.93	21.74	.000	21.74	.01	
INPATIENT HOSPITAL SURGERY	1,224	6,857	789,964.06	115.21	.049	645.40	5.59	
PRINCIPAL SURGEON	802	1,092	596,738.85	546.46	.008	744.06	4.22	
ASSISTANT SURGEON	134	138	33,325.29	241.49	.001	248.70	.24	
ANESTHESIOLOGIST	565	5,627	159,899.92	28.42	.040	283.01	1.13	

OUTPATIENT SURGERY	1,397	3,441	291,343.04	84.67	.024	208.55	2.06
PRINCIPAL SURGEON	1,170	1,456	231,104.46	158.73	.010	197.53	1.64
ASSISTANT SURGEON	6	6	1,206.22	201.04	.000	201.04	.01
ANESTHESIOLOGIST	358	1,979	59,032.36	29.83	.014	164.89	.42
DIALYSIS	11	30	2,642.97	88.10	.000	240.27	.02
PATHOLOGY	1,957	4,272	70,678.05	16.54	.030	36.12	.50
RADIOLOGY	4,653	9,121	376,276.38	41.25	.065	80.87	2.66
PSYCHIATRY	12	12	991.68	82.64	.000	82.64	.01
IMMUNIZATION AND INJECTION	383	1,141	22,755.53	19.94	.008	59.41	.16
OTHER SERVICES/ALL X-OVERS	3,202	7,982	343,935.65	43.09	.056	107.41	2.43
@PHARMACY	27,335	121,357	\$ 4,888,372.74	\$ 40.28	.859	\$ 178.83	\$ 34.60
PRESCRIPTION DRUGS	27,011	58,503	4,650,115.38	79.49	.414	172.16	32.91
SNF/ICF	159	510	97,641.28	191.45	.004	614.10	.69
OUTPATIENTS	26,932	57,993	4,552,474.10	78.50	.410	169.04	32.22
MEDICAL SUPPLIES	1,230	62,854	238,257.36	3.79	.445	193.71	1.69
@DENTIST	8,155	46,821	\$ 1,077,592.36	\$ 23.02	.331	\$ 132.14	\$ 7.63
VISITS - DIAGNOSTIC	6,234	34,630	442,924.03	12.79	.245	71.05	3.13
ORAL SURGERY	1,019	2,006	104,595.55	52.14	.014	102.65	.74
DRUGS	101	119	2,350.00	19.75	.001	23.27	.02
ANESTHESIA	23	23	1,400.00	60.87	.000	60.87	.01
PERIODONTICS	90	105	7,836.00	74.63	.001	87.07	.06
ENDODONTICS	525	898	113,057.00	125.90	.006	215.35	.80
RESTORATIVE DENTISTRY	2,736	7,688	355,469.30	46.24	.054	129.92	2.52
PROSTHETICS	13	17	560.00	32.94	.000	43.08	.00
DENTURES, STAYPLATES	47	155	11,055.25	71.32	.001	235.22	.08
SPACE MAINTAINERS	75	113	9,364.00	82.87	.001	124.85	.07
MAXILLOFACIAL SERVICES	18	21	1,372.48	65.36	.000	76.25	.01
FRACTURES, DISLOCATIONS	1	1	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	405	637	25,733.75	40.40	.005	63.54	.18
ALL OTHER SERVICES	273	408	1,875.00	4.60	.003	6.87	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,646
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

		----- MONTHLY AVERAGE -----						
141,292 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,556	4,603	\$ 102,558.57	\$ 22.28	.033	\$ 65.91	\$.73	
DIAGNOSTIC AND ANC. PROCED	1,229	1,356	54,667.03	40.31	.010	44.48	.39	
EYE APPLIANCES	1,125	3,230	47,332.96	14.65	.023	42.07	.34	
OTHER OPTOMETRIC SERVICES	16	17	558.58	32.86	.000	34.91	.00	
@CHIROPRACTOR	16	21	\$ 342.76	\$ 16.32	.000	\$ 21.42	\$.00	
VISITS	16	21	342.76	16.32	.000	21.42	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	78	116	\$ 4,647.18	\$ 40.06	.001	\$ 59.58	\$.03	
MEDICINE/INJECTIONS	73	80	3,768.50	47.11	.001	51.62	.03	
SURGERY/ANES.	13	21	432.39	20.59	.000	33.26	.00	
RADIO./PATHOLOGY	10	13	238.74	18.36	.000	23.87	.00	
OTHER	2	2	207.55	103.78	.000	103.78	.00	
@HOME HEALTH AGENCY	310	14,907	\$ 474,741.91	\$ 31.85	.106	\$ 1531.43	\$ 3.36	
NURSE ANESTHESIST	9	78	\$ 1,390.44	\$ 17.83	.001	\$ 154.49	\$.01	
NURSE MIDWIFE	13	140	\$ 3,566.02	\$ 25.47	.001	\$ 274.31	\$.03	
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 37.50	\$ 37.50	.000	\$ 37.50	\$.00	
FAMILY NURSE PRACTITIONER	93	229	\$ 5,328.05	\$ 23.27	.002	\$ 57.29	\$.04	
@TOTAL HOSPITAL	13,066	54,992	\$ 13,293,250.34	\$ 241.73	.389	\$ 1017.39	\$ 94.08	
HOSP INPATIENT TOTAL	1,474	8,462	12,020,368.65	1420.51	.060	8154.93	85.07	
HSC HOSPITALS	1,357	7,869	11,202,102.00	1423.57	.056	8255.05	79.28	

NON-HSC HOSPITAL TOTAL	118	593	817,390.65	1378.40	.004	6927.04	5.79
ACCOMMODATIONS	118	593	467,810.42	788.89	.004	3964.50	3.31
ADMINISTRATIVE DAYS	1	1	211.52	211.52	.000	211.52	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	117	592	467,598.90	789.86	.004	3996.57	3.31
ANCILLARIES	112	0	349,580.23	.00	.000	3121.25	2.47
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12,071	46,530	1,272,881.69	27.36	.329	105.45	9.01
MEDICAL	1,780	2,709	133,462.56	49.27	.019	74.98	.94
SURGERY	829	967	37,899.11	39.19	.007	45.72	.27
PATHOLOGY	3,397	17,599	161,291.16	9.16	.125	47.48	1.14
RADIOLOGY	2,245	3,142	263,953.21	84.01	.022	117.57	1.87
ROOM USE	7,684	9,666	364,904.43	37.75	.068	47.49	2.58
CROSSOVERS/ALL OTH OUTPTNT	5,111	12,447	311,371.22	25.02	.088	60.92	2.20
@COUNTY HOSPITAL TOTAL	161	677	\$ 54,863.51	\$ 81.04	.005	\$ 340.77	\$.39
CO HOSPITAL INPATIENT TOTAL	12	31	35,335.08	1139.84	.000	2944.59	.25
HSC HOSPITALS	12	31	35,335.08	1139.84	.000	2944.59	.25
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	154	646	19,528.43	30.23	.005	126.81	.14
MEDICAL	68	86	2,870.52	33.38	.001	42.21	.02
SURGERY	26	39	1,667.14	42.75	.000	64.12	.01
PATHOLOGY	48	204	3,026.66	14.84	.001	63.06	.02
RADIOLOGY	26	41	2,059.04	50.22	.000	79.19	.01
ROOM USE	117	165	7,223.63	43.78	.001	61.74	.05
CROSSOVERS/ALL OTH OUTPTNT	59	111	2,681.44	24.16	.001	45.45	.02

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SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

141,292 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12,922	54,315	\$ 13,238,386.83	\$ 243.73	.384	\$ 1024.48	\$ 93.70
COMM HOSP INPATIENT TOTAL	1,462	8,431	11,985,033.57	1421.54	.060	8197.70	84.82
HSC HOSPITALS	1,345	7,838	11,166,766.92	1424.70	.055	8302.43	79.03
NON-HSC HOSPITALS TOTAL	118	593	817,390.65	1378.40	.004	6927.04	5.79
ACCOMMODATIONS	118	593	467,810.42	788.89	.004	3964.50	3.31
ADMINISTRATIVE DAYS	1	1	211.52	211.52	.000	211.52	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	117	592	467,598.90	789.86	.004	3996.57	3.31
ANCILLARIES	112	0	349,580.23	.00	.000	3121.25	2.47
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11,932	45,884	1,253,353.26	27.32	.325	105.04	8.87
MEDICAL	1,713	2,623	130,592.04	49.79	.019	76.24	.92
SURGERY	803	928	36,231.97	39.04	.007	45.12	.26
PATHOLOGY	3,350	17,395	158,264.50	9.10	.123	47.24	1.12
RADIOLOGY	2,220	3,101	261,894.17	84.45	.022	117.97	1.85
ROOM USE	7,574	9,501	357,680.80	37.65	.067	47.22	2.53

CROSSOVERS/ALL OTH OUTPTNT	5,054	12,336		308,689.78	25.02	.087	61.08	2.18
@STATE HOSPITAL	1	31	\$	12,985.42	\$ 418.88	.000	\$ 12985.42	\$.09
MENTALLY ILL	1	31		12,985.42	418.88	.000	12985.42	.09
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	11	227	\$	110,386.33	\$ 486.28	.002	\$ 10035.12	\$.78
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	6	165		101,291.85	613.89	.001	16881.98	.72
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	62		9,094.48	146.69	.000	1818.90	.06
@INTERMEDIATE CARE FACIL.-DD	2	76	\$	10,321.51	\$ 135.81	.001	\$ 5160.76	\$.07
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	2	76		10,321.51	135.81	.001	5160.76	.07
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	13	417	\$	11,580.33	\$ 27.77	.003	\$ 890.79	\$.08
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	13	417		11,580.33	27.77	.003	890.79	.08
@REHABILITATION FACILITY	252	1,588	\$	37,255.37	\$ 23.46	.011	\$ 147.84	\$.26
HOSPITAL BASED	156	741		21,922.71	29.59	.005	140.53	.16
INDEPENDENT FACILITY	101	847		15,332.66	18.10	.006	151.81	.11
@LABORATORY FACILITY	5,354	17,959	\$	219,069.76	\$ 12.20	.127	\$ 40.92	\$ 1.55
PATHOLOGY	5,353	17,957		219,001.41	12.20	.127	40.91	1.55
XO AND OTHERS	1	2		68.35	34.18	.000	68.35	.00
@ORGANIZED OUTPATIENT CLINIC	5,688	14,843	\$	697,398.20	\$ 46.98	.105	\$ 122.61	\$ 4.94
CLINIC	3,368	10,404		216,139.91	20.77	.074	64.17	1.53
SURGICENTER	123	680		23,899.69	35.15	.005	194.31	.17
HEROIN DETOX CLINIC	15	195		2,091.68	10.73	.001	139.45	.01
RURAL HEALTH CLINIC	2,191	3,564		455,266.92	127.74	.025	207.79	3.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES							

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		----- MONTHLY AVERAGE -----						
141,292 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	47,479	340,483	\$ 3,387,149.15	\$ 9.95	2.410	\$ 71.34	\$ 23.97	
DURABLE MED. EQUIP.	411	2,132	115,641.60	54.24	.015	281.37	.82	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.00	
MEDICAL TRANSPORTATION	975	7,825	143,372.45	18.32	.055	147.05	1.01	
AMBULANCES/AIR TRANS	968	7,608	123,994.31	16.30	.054	128.09	.88	
OTHER TRANS	10	183	997.42	5.45	.001	99.74	.01	
OTHER SERVICES	23	34	18,380.72	540.61	.000	799.16	.13	
ACUPUNCTURE	10	19	353.74	18.62	.000	35.37	.00	
ADULT DAY HEALTH CARE CTR	4	43	3,002.38	69.82	.000	750.60	.02	
GENETIC DISEASE TESTING	639	641	67,233.00	104.89	.005	105.22	.48	
IHMC,MODEL-NF,NF,AIDS,MSSP	44	217	22,364.16	103.06	.002	508.28	.16	
OCCUPATIONAL THERAPIST	2	124	346.70	2.80	.001	173.35	.00	
OPTICIAN	7,841	16,457	142,956.34	8.69	.116	18.23	1.01	
PHYSICAL THERAPIST	17	139	1,954.50	14.06	.001	114.97	.01	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	50	112	20,511.46	183.14	.001	410.23	.15	
PROSTHETICS	50	112	20,511.46	183.14	.001	410.23	.15	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	58	379	20,208.12	53.32	.003	348.42	.14	
SPEECH AND AUDIOLOGY	126	676	31,715.01	46.92	.005	251.71	.22	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	2	2	2,213.36	1106.68	.000	1106.68	.02
LOCAL EDUCATION AGENCIES	37,355	262,316	2,668,856.47	10.17	1.857	71.45	18.89
EPSDT SUPPLEMENTAL SERVICE	35	3,437	100,119.00	29.13	.024	2860.54	.71
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	289	45,963	46,275.86	1.01	.325	160.12	.33
@CALIF. CHILDREN SERVICES*	5,930	127,473	\$ 10,734,531.23	\$ 84.21	.902	\$ 1810.21	\$ 75.97
@XOVER EXCLUDING STATE HOSP**	36	173	\$ 4,932.11	\$ 28.51	.001	\$ 137.00	\$.03

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,649
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL	

707,001 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	572,948	24,862,666	\$ 311,879,900.13	\$ 12.54	35.166	\$ 544.34	\$ 441.13
@PHYSICIANS SERVICES	180,916	584,405	\$ 21,629,924.20	\$ 37.01	.827	\$ 119.56	\$ 30.59
OUTPATIENT VISITS	105,302	148,626	5,263,306.42	35.41	.210	49.98	7.44
OFFICE VISITS	80,952	109,728	3,409,559.64	31.07	.155	42.12	4.82
HOME VISITS	363	439	15,277.13	34.80	.001	42.09	.02
EMERGENCY ROOM	17,380	20,831	1,291,829.12	62.01	.029	74.33	1.83
PREVENTIVE CARE	78	78	3,622.21	46.44	.000	46.44	.01
OB VISITS/COMPRE PERI	1,410	3,441	178,204.09	51.79	.005	126.39	.25
OTHER OUTPATIENT	11,404	14,109	364,814.23	25.86	.020	31.99	.52
INPATIENT VISITS	9,115	48,560	2,990,439.78	61.58	.069	328.08	4.23
HOSPITAL VISITS	7,531	38,364	1,685,798.65	43.94	.054	223.85	2.38
CRITICAL CARE	1,268	7,960	1,233,357.67	154.94	.011	972.68	1.74
SNF/ICF/TRANS IP CARE	1,226	2,236	71,283.46	31.88	.003	58.14	.10
OPHTHALMOLOGICAL SERVICES	2,982	3,848	147,284.73	38.28	.005	49.39	.21
EXAMINATIONS	2,727	3,586	141,851.77	39.56	.005	52.02	.20
SERVICES AND MATERIALS	262	262	5,432.96	20.74	.000	20.74	.01
INPATIENT HOSPITAL SURGERY	4,228	25,138	2,435,216.50	96.87	.036	575.97	3.44
PRINCIPAL SURGEON	3,036	4,709	1,838,358.10	390.39	.007	605.52	2.60
ASSISTANT SURGEON	413	451	100,598.56	223.06	.001	243.58	.14
ANESTHESIOLOGIST	1,756	19,978	496,259.84	24.84	.028	282.61	.70
OUTPATIENT SURGERY	8,751	20,259	1,848,523.81	91.24	.029	211.24	2.61
PRINCIPAL SURGEON	7,383	9,481	1,527,773.60	161.14	.013	206.93	2.16
ASSISTANT SURGEON	65	65	11,081.84	170.49	.000	170.49	.02
ANESTHESIOLOGIST	1,971	10,713	309,668.37	28.91	.015	157.11	.44
DIALYSIS	997	4,012	314,203.26	78.32	.006	315.15	.44
PATHOLOGY	13,880	29,020	381,136.60	13.13	.041	27.46	.54
RADIOLOGY	31,003	63,545	3,058,767.96	48.14	.090	98.66	4.33
PSYCHIATRY	71	84	4,099.34	48.80	.000	57.74	.01
IMMUNIZATION AND INJECTION	4,762	29,947	916,253.31	30.60	.042	192.41	1.30
OTHER SERVICES/ALL X-OVERS	70,961	211,366	4,270,692.49	20.21	.299	60.18	6.04
@PHARMACY	394,137	10,512,498	\$ 147,104,884.28	\$ 13.99	14.869	\$ 373.23	\$ 208.07
PRESCRIPTION DRUGS	387,775	1,742,143	138,158,741.32	79.30	2.464	356.29	195.42
SNF/ICF	9,163	59,103	4,662,329.75	78.88	.084	508.82	6.59
OUTPATIENTS	381,424	1,683,040	133,496,411.57	79.32	2.381	349.99	188.82
MEDICAL SUPPLIES	40,484	8,770,355	8,946,142.96	1.02	12.405	220.98	12.65
@DENTIST	37,891	185,319	\$ 6,293,414.93	\$ 33.96	.262	\$ 166.09	\$ 8.90
VISITS - DIAGNOSTIC	25,585	123,012	1,481,219.94	12.04	.174	57.89	2.10
ORAL SURGERY	6,597	16,101	821,846.53	51.04	.023	124.58	1.16

DRUGS	136	155	2,930.00	18.90	.000	21.54	.00
ANESTHESIA	60	63	4,600.00	73.02	.000	76.67	.01
PERIODONTICS	2,029	2,222	236,105.10	106.26	.003	116.37	.33
ENDODONTICS	2,194	3,306	662,412.85	200.37	.005	301.92	.94
RESTORATIVE DENTISTRY	10,029	24,836	1,513,497.70	60.94	.035	150.91	2.14
PROSTHETICS	419	449	13,954.00	31.08	.001	33.30	.02
DENTURES, STAYPLATES	4,426	13,023	1,504,991.40	115.56	.018	340.03	2.13
SPACE MAINTAINERS	84	123	10,364.00	84.26	.000	123.38	.01
MAXILLOFACIAL SERVICES	28	32	2,284.66	71.40	.000	81.60	.00
FRACTURES, DISLOCATIONS	2	2	140.00	70.00	.000	70.00	.00
ORTHODONTIC SERVICES	547	798	36,168.75	45.32	.001	66.12	.05
ALL OTHER SERVICES	919	1,197	2,900.00	2.42	.002	3.16	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,650
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL						

707,001 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	13,207	40,699	\$ 851,092.69	\$ 20.91	.058	\$ 64.44	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	6,943	7,559	299,494.71	39.62	.011	43.14	.42
EYE APPLIANCES	10,658	32,249	525,775.65	16.30	.046	49.33	.74
OTHER OPTOMETRIC SERVICES	698	891	25,822.33	28.98	.001	36.99	.04
@CHIROPRACTOR	822	1,574	\$ 25,936.01	\$ 16.48	.002	\$ 31.55	\$.04
VISITS	799	1,527	25,335.56	16.59	.002	31.71	.04
OTHER SERVICES	23	47	600.45	12.78	.000	26.11	.00
@PODIATRIST	7,389	11,968	\$ 196,267.43	\$ 16.40	.017	\$ 26.56	\$.28
MEDICINE/INJECTIONS	2,453	2,711	80,667.27	29.76	.004	32.89	.11
SURGERY/ANES.	202	314	11,687.29	37.22	.000	57.86	.02
RADIO./PATHOLOGY	161	213	3,725.57	17.49	.000	23.14	.01
OTHER	4,920	8,730	100,187.30	11.48	.012	20.36	.14
@HOME HEALTH AGENCY	2,895	153,462	\$ 5,383,254.57	\$ 35.08	.217	\$ 1859.50	\$ 7.61
NURSE ANESTHESIST	193	1,700	\$ 7,082.28	\$ 4.17	.002	\$ 36.70	\$.01

NURSE MIDWIFE	19	180	\$	5,295.77	\$	29.42	.000	\$	278.72	\$	.01
PEDIATRIC NURSE PRACTITIONER	17	18	\$	537.29	\$	29.85	.000	\$	31.61	\$	.00
FAMILY NURSE PRACTITIONER	1,031	2,711	\$	61,449.57	\$	22.67	.004	\$	59.60	\$	.09
@TOTAL HOSPITAL	69,907	464,724	\$	68,679,101.11	\$	147.78	.657	\$	982.44	\$	97.14
HOSP INPATIENT TOTAL	8,762	46,022		58,628,410.51		1273.92	.065		6691.21		82.93
HSC HOSPITALS	6,996	41,497		53,022,821.47		1277.75	.059		7579.02		75.00
NON-HSC HOSPITAL TOTAL	623	4,525		4,364,107.03		964.44	.006		7004.99		6.17
ACCOMMODATIONS	621	4,525		2,112,558.48		466.86	.006		3401.87		2.99
ADMINISTRATIVE DAYS	22	207		42,697.87		206.27	.000		1940.81		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	599	4,318		2,069,860.61		479.36	.006		3455.53		2.93
ANCILLARIES	610	0		2,251,548.55		.00	.000		3691.06		3.18
INPATIENT CROSSOVERS	1,348	0		1,241,482.01		.00	.000		920.98		1.76
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	63,920	418,702		10,050,690.60		24.00	.592		157.24		14.22
MEDICAL	12,447	20,068		863,552.81		43.03	.028		69.38		1.22
SURGERY	3,762	4,308		199,273.81		46.26	.006		52.97		.28
PATHOLOGY	20,662	139,887		1,152,188.59		8.24	.198		55.76		1.63
RADIOLOGY	13,113	21,504		1,938,427.99		90.14	.030		147.82		2.74
ROOM USE	33,331	47,682		1,812,535.63		38.01	.067		54.38		2.56
CROSSOVERS/ALL OTH OUTPTNT	32,301	185,253		4,084,711.77		22.05	.262		126.46		5.78
@COUNTY HOSPITAL TOTAL	506	2,233	\$	373,842.88	\$	167.42	.003	\$	738.82	\$	.53
CO HOSPITAL INPATIENT TOTAL	54	299		316,285.84		1057.81	.000		5857.15		.45
HSC HOSPITALS	48	242		269,670.19		1114.34	.000		5618.13		.38
NON-HSC HOSPITALS TOTAL	8	57		45,739.65		802.45	.000		5717.46		.06
ACCOMMODATIONS	7	57		20,884.11		366.39	.000		2983.44		.03
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	57		20,884.11		366.39	.000		2983.44		.03
ANCILLARIES	8	0		24,855.54		.00	.000		3106.94		.04
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	466	1,934		57,557.04		29.76	.003		123.51		.08
MEDICAL	180	235		7,949.61		33.83	.000		44.16		.01
SURGERY	50	74		2,835.08		38.31	.000		56.70		.00
PATHOLOGY	158	695		10,875.77		15.65	.001		68.83		.02
RADIOLOGY	71	110		9,288.86		84.44	.000		130.83		.01
ROOM USE	291	390		17,008.71		43.61	.001		58.45		.02
CROSSOVERS/ALL OTH OUTPTNT	212	430		9,599.01		22.32	.001		45.28		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,651
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

						----- MONTHLY AVERAGE -----		
707,001 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	69,481	462,491	\$ 68,305,258.23	\$ 147.69	.654	\$ 983.08	\$ 96.61	
COMM HOSP INPATIENT TOTAL	8,713	45,723	58,312,124.67	1275.33	.065	6692.54	82.48	
HSC HOSPITALS	6,952	41,255	52,753,151.28	1278.71	.058	7588.20	74.62	
NON-HSC HOSPITALS TOTAL	615	4,468	4,318,367.38	966.51	.006	7021.74	6.11	
ACCOMMODATIONS	614	4,468	2,091,674.37	468.15	.006	3406.64	2.96	
ADMINISTRATIVE DAYS	22	207	42,697.87	206.27	.000	1940.81	.06	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	592	4,261	2,048,976.50	480.87	.006	3461.11	2.90	
ANCILLARIES	602	0	2,226,693.01	.00	.000	3698.83	3.15	
INPATIENT CROSSOVERS	1,347	0	1,240,606.01	.00	.000	921.01	1.75	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	63,520	416,768		9,993,133.56	23.98	.589	157.32	14.13
MEDICAL	12,274	19,833		855,603.20	43.14	.028	69.71	1.21
SURGERY	3,712	4,234		196,438.73	46.40	.006	52.92	.28
PATHOLOGY	20,521	139,192		1,141,312.82	8.20	.197	55.62	1.61
RADIOLOGY	13,045	21,394		1,929,139.13	90.17	.030	147.88	2.73
ROOM USE	33,071	47,292		1,795,526.92	37.97	.067	54.29	2.54
CROSSOVERS/ALL OTH OUTPTNT	32,110	184,823		4,075,112.76	22.05	.261	126.91	5.76
@STATE HOSPITAL	19	775	\$	482,966.79	\$ 623.18	.001	\$ 25419.30	\$.68
MENTALLY ILL	2	62		27,334.77	440.88	.000	13667.39	.04
DEVELOP. DISABLED	17	713		455,632.02	639.04	.001	26801.88	.64
@NURSING FACILITY	5,233	133,994	\$	20,010,551.87	\$ 149.34	.190	\$ 3823.92	\$ 28.30
LEV A-INTERMEDIATE	80	2,407		197,324.91	81.98	.003	2466.56	.28
LEV B-REHAB MD	101	3,065		381,493.25	124.47	.004	3777.16	.54
LEV B-SUBACUTE FREESTANDING	23	683		404,003.54	591.51	.001	17565.37	.57
LEV B-SUBACUTE HSPTL BASED	105	3,052		1,724,444.63	565.02	.004	16423.28	2.44
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	4,933	124,787		17,303,285.54	138.66	.177	3507.66	24.47
@INTERMEDIATE CARE FACIL.-DD	688	20,463	\$	3,303,943.44	\$ 161.46	.029	\$ 4802.24	\$ 4.67
ICF DDH	394	11,937		2,022,824.09	169.46	.017	5134.07	2.86
ICF DD	265	7,730		1,112,704.81	143.95	.011	4198.89	1.57
ICF DDN/DDCN	29	796		168,414.54	211.58	.001	5807.40	.24
@HEMODIALYSIS TOTAL	4,528	144,425	\$	6,185,872.57	\$ 42.83	.204	\$ 1366.14	\$ 8.75
HOSPITAL BASED	115	2,070		395,549.32	191.09	.003	3439.56	.56
HEMODIALYSIS CENTER	4,416	142,355		5,790,323.25	40.68	.201	1311.21	8.19
@REHABILITATION FACILITY	2,131	15,854	\$	324,440.83	\$ 20.46	.022	\$ 152.25	\$.46
HOSPITAL BASED	856	3,158		93,142.59	29.49	.004	108.81	.13
INDEPENDENT FACILITY	1,287	12,696		231,298.24	18.22	.018	179.72	.33
@LABORATORY FACILITY	33,225	142,685	\$	1,592,924.22	\$ 11.16	.202	\$ 47.94	\$ 2.25
PATHOLOGY	32,749	141,360		1,580,388.36	11.18	.200	48.26	2.24
XO AND OTHERS	483	1,325		12,535.86	9.46	.002	25.95	.02
@ORGANIZED OUTPATIENT CLINIC	16,108	43,791	\$	1,961,946.99	\$ 44.80	.062	\$ 121.80	\$ 2.78
CLINIC	9,530	27,979		611,075.83	21.84	.040	64.12	.86
SURGICENTER	1,539	6,869		304,718.90	44.36	.010	198.00	.43
HEROIN DETOX CLINIC	57	702		7,323.41	10.43	.001	128.48	.01
RURAL HEALTH CLINIC	5,031	8,241		1,038,828.85	126.06	.012	206.49	1.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,652
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL							

		----- MONTHLY AVERAGE -----						
707,001 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	135,162	12,401,421	\$ 27,779,013.29	\$ 2.24	17.541	\$ 205.52	\$ 39.29	
DURABLE MED. EQUIP.	6,547	25,726	3,418,865.92	132.90	.036	522.20	4.84	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	199	249	67,825.47	272.39	.000	340.83	.10	
MEDICAL TRANSPORTATION	15,002	783,899	3,612,901.88	4.61	1.109	240.83	5.11	
AMBULANCES/AIR TRANS	8,941	66,549	1,215,658.10	18.27	.094	135.96	1.72	
OTHER TRANS	5,379	709,345	2,325,322.16	3.28	1.003	432.30	3.29	
OTHER SERVICES	1,333	8,005	71,921.62	8.98	.011	53.95	.10	
ACUPUNCTURE	4,411	10,144	178,054.23	17.55	.014	40.37	.25	
ADULT DAY HEALTH CARE CTR	5,050	72,891	5,032,267.61	69.04	.103	996.49	7.12	
GENETIC DISEASE TESTING	740	742	77,790.00	104.84	.001	105.12	.11	
IHMC,MODEL-NF,NF,AIDS,MSSP	3,483	87,100	3,188,747.33	36.61	.123	915.52	4.51	
OCCUPATIONAL THERAPIST	111	4,306	14,372.78	3.34	.006	129.48	.02	
OPTICIAN	20,953	47,262	491,105.75	10.39	.067	23.44	.69	
PHYSICAL THERAPIST	521	4,618	63,169.14	13.68	.007	121.25	.09	

PORTABLE X-RAY	327	665	8,958.05	13.47	.001	27.39	.01
PROSTHETIST/ORTHOTISTS	760	2,647	278,732.17	105.30	.004	366.75	.39
PROSTHETICS	757	2,643	278,398.59	105.33	.004	367.77	.39
ORTHOTICS	4	4	333.58	83.40	.000	83.40	.00
PSYCHOLOGIST	162	583	26,351.68	45.20	.001	162.66	.04
SPEECH AND AUDIOLOGY	5,155	20,627	969,006.25	46.98	.029	187.97	1.37
HOSPICE SERVICES	391	10,267	1,368,723.89	133.31	.015	3500.57	1.94
NONINST BIRTHING CENTERS	3	3	3,320.04	1106.68	.000	1106.68	.00
LOCAL EDUCATION AGENCIES	52,789	715,520	5,849,436.89	8.18	1.012	110.81	8.27
EPSDT SUPPLEMENTAL SERVICE	142	11,674	341,479.53	29.25	.017	2404.79	.48
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27,310	10,602,498	2,787,904.68	.26	14.996	102.08	3.94
@CALIF. CHILDREN SERVICES*	14,961	504,121	\$ 27,291,683.60	\$ 54.14	.713	\$ 1824.19	\$ 38.60
@XOVER EXCLUDING STATE HOSP**	74,021	814,705	\$ 9,896,891.84	\$ 12.15	1.152	\$ 133.70	\$ 14.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,653
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

52,982 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38,460	1,503,524	\$ 18,171,855.52	\$ 12.09	28.378	\$ 472.49	\$ 342.98
@PHYSICIANS SERVICES	10,085	34,018	\$ 1,262,622.31	\$ 37.12	.642	\$ 125.20	\$ 23.83
OUTPATIENT VISITS	4,449	6,268	222,474.65	35.49	.118	50.01	4.20
OFFICE VISITS	3,984	5,537	179,385.77	32.40	.105	45.03	3.39
HOME VISITS	1	1	51.60	51.60	.000	51.60	.00
EMERGENCY ROOM	471	512	37,710.63	73.65	.010	80.07	.71
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	172	218	5,326.65	24.43	.004	30.97	.10
INPATIENT VISITS	394	1,998	88,566.71	44.33	.038	224.79	1.67
HOSPITAL VISITS	372	1,907	81,900.01	42.95	.036	220.16	1.55
CRITICAL CARE	18	45	5,046.40	112.14	.001	280.36	.10
SNF/ICF/TRANS IP CARE	28	46	1,620.30	35.22	.001	57.87	.03
OPHTHALMOLOGICAL SERVICES	359	480	18,924.59	39.43	.009	52.71	.36
EXAMINATIONS	348	466	18,557.55	39.82	.009	53.33	.35
SERVICES AND MATERIALS	14	14	367.04	26.22	.000	26.22	.01
INPATIENT HOSPITAL SURGERY	202	1,226	131,591.86	107.33	.023	651.44	2.48
PRINCIPAL SURGEON	149	246	101,801.81	413.83	.005	683.23	1.92
ASSISTANT SURGEON	31	31	7,901.62	254.89	.001	254.89	.15
ANESTHESIOLOGIST	73	949	21,888.43	23.06	.018	299.84	.41
OUTPATIENT SURGERY	528	1,297	200,120.70	154.30	.024	379.02	3.78
PRINCIPAL SURGEON	444	577	178,968.14	310.17	.011	403.08	3.38
ASSISTANT SURGEON	7	7	1,316.10	188.01	.000	188.01	.02
ANESTHESIOLOGIST	142	713	19,836.46	27.82	.013	139.69	.37
DIALYSIS	70	389	24,193.09	62.19	.007	345.62	.46
PATHOLOGY	635	1,616	17,077.80	10.57	.031	26.89	.32
RADIOLOGY	1,648	3,748	175,206.66	46.75	.071	106.31	3.31
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	259	2,201	58,139.92	26.42	.042	224.48	1.10
OTHER SERVICES/ALL X-OVERS	5,398	14,795	326,326.33	22.06	.279	60.45	6.16
@PHARMACY	31,000	946,229	\$ 7,704,746.20	\$ 8.14	17.859	\$ 248.54	\$ 145.42
PRESCRIPTION DRUGS	30,400	130,933	7,405,443.71	56.56	2.471	243.60	139.77

SNF/ICF	1,144	7,961	398,761.69	50.09	.150	348.57	7.53
OUTPATIENTS	29,462	122,972	7,006,682.02	56.98	2.321	237.82	132.25
MEDICAL SUPPLIES	3,051	815,296	299,302.49	.37	15.388	98.10	5.65
@DENTIST	2,125	9,396	\$ 409,068.15	\$ 43.54	.177	\$ 192.50	\$ 7.72
VISITS - DIAGNOSTIC	1,345	5,619	68,275.50	12.15	.106	50.76	1.29
ORAL SURGERY	425	1,369	63,744.00	46.56	.026	149.99	1.20
DRUGS	4	4	65.00	16.25	.000	16.25	.00
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.01
PERIODONTICS	113	114	12,527.60	109.89	.002	110.86	.24
ENDODONTICS	71	99	21,370.25	215.86	.002	300.99	.40
RESTORATIVE DENTISTRY	368	825	54,792.30	66.41	.016	148.89	1.03
PROSTHETICS	29	31	1,058.50	34.15	.001	36.50	.02
DENTURES, STAYPLATES	461	1,246	185,315.00	148.73	.024	401.98	3.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	2	1,350.00	675.00	.000	1350.00	.03
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	35	84	270.00	3.21	.002	7.71	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,654
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X						

52,982 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	798	2,469	\$	52,575.32	\$ 21.29	.047	\$ 65.88	\$.99
DIAGNOSTIC AND ANC. PROCED	381	410		16,241.70	39.61	.008	42.63	.31
EYE APPLIANCES	638	1,978		33,830.43	17.10	.037	53.03	.64
OTHER OPTOMETRIC SERVICES	55	81		2,503.19	30.90	.002	45.51	.05
@CHIROPRACTOR	6	9	\$	150.48	\$ 16.72	.000	\$ 25.08	\$.00
VISITS	6	9		150.48	16.72	.000	25.08	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	517	987	\$	10,506.78	\$ 10.65	.019	\$ 20.32	\$.20
MEDICINE/INJECTIONS	50	56		1,954.46	34.90	.001	39.09	.04
SURGERY/ANES.	3	3		262.22	87.41	.000	87.41	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	467	926		8,255.50	8.92	.017	17.68	.16
@HOME HEALTH AGENCY	70	460	\$	31,859.48	\$ 69.26	.009	\$ 455.14	\$.60
NURSE ANESTHESIST	21	121	\$	1,094.64	\$ 9.05	.002	\$ 52.13	\$.02
NURSE MIDWIFE	1	1	\$	7.22	\$ 7.22	.000	\$ 7.22	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	15	7	\$	1,393.27	\$ 29.64	.001	\$ 92.88	\$.03
@TOTAL HOSPITAL	2,882	19,795	\$	2,894,738.54	\$ 146.24	.374	\$ 1004.42	\$ 54.64
HOSP INPATIENT TOTAL	449	1,958		2,487,208.91	1270.28	.037	5539.44	46.94
HSC HOSPITALS	296	1,854		2,249,031.97	1213.07	.035	7598.08	42.45
NON-HSC HOSPITAL TOTAL	19	104		107,485.24	1033.51	.002	5657.12	2.03
ACCOMMODATIONS	19	104		33,277.28	319.97	.002	1751.44	.63
ADMINISTRATIVE DAYS	1	8		1,399.94CR	174.99CR	.000	1399.94CR	.03CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	96		34,677.22	361.22	.002	1926.51	.65
ANCILLARIES	19	0		74,207.96	.00	.000	3905.68	1.40
INPATIENT CROSSOVERS	142	0		130,691.70	.00	.000	920.36	2.47
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,519	17,837		407,529.63	22.85	.337	161.78	7.69
MEDICAL	465	713		30,851.61	43.27	.013	66.35	.58
SURGERY	154	163		14,956.34	91.76	.003	97.12	.28
PATHOLOGY	698	4,170		36,328.64	8.71	.079	52.05	.69

RADIOLOGY	463	705	59,374.21	84.22	.013	128.24	1.12
ROOM USE	737	1,094	48,898.98	44.70	.021	66.35	.92
CROSSOVERS/ALL OTH OUTPTNT	1,557	10,992	217,119.85	19.75	.207	139.45	4.10
@COUNTY HOSPITAL TOTAL	22	155	17,264.92	\$ 111.39	.003	\$ 784.77	\$.33
CO HOSPITAL INPATIENT TOTAL	2	8	13,308.51	1663.56	.000	6654.26	.25
HSC HOSPITALS	1	4	4,400.00	1100.00	.000	4400.00	.08
NON-HSC HOSPITALS TOTAL	1	4	8,908.51	2227.13	.000	8908.51	.17
ACCOMMODATIONS	1	4	2,138.40	534.60	.000	2138.40	.04
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	2,138.40	534.60	.000	2138.40	.04
ANCILLARIES	1	0	6,770.11	.00	.000	6770.11	.13
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	21	147	3,956.41	26.91	.003	188.40	.07
MEDICAL	8	13	450.68	34.67	.000	56.34	.01
SURGERY	1	2	168.64	84.32	.000	168.64	.00
PATHOLOGY	6	44	335.40	7.62	.001	55.90	.01
RADIOLOGY	3	13	1,170.06	90.00	.000	390.02	.02
ROOM USE	8	12	545.49	45.46	.000	68.19	.01
CROSSOVERS/ALL OTH OUTPTNT	14	63	1,286.14	20.41	.001	91.87	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
52,982 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	2,863	19,640	\$ 2,877,473.62	\$ 146.51	.371	\$ 1005.06	\$ 54.31
COMM HOSP INPATIENT TOTAL	447	1,950	2,473,900.40	1268.67	.037	5534.45	46.69
HSC HOSPITALS	295	1,850	2,244,631.97	1213.31	.035	7608.92	42.37
NON-HSC HOSPITALS TOTAL	18	100	98,576.73	985.77	.002	5476.49	1.86
ACCOMMODATIONS	18	100	31,138.88	311.39	.002	1729.94	.59

ADMINISTRATIVE DAYS	1	8		1,399.94CR	174.99CR	.000	1399.94CR	.03CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	92		32,538.82	353.68	.002	1914.05	.61
ANCILLARIES	18	0		67,437.85	.00	.000	3746.55	1.27
INPATIENT CROSSOVERS	142	0		130,691.70	.00	.000	920.36	2.47
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,501	17,690		403,573.22	22.81	.334	161.36	7.62
MEDICAL	457	700		30,400.93	43.43	.013	66.52	.57
SURGERY	153	161		14,787.70	91.85	.003	96.65	.28
PATHOLOGY	694	4,126		35,993.24	8.72	.078	51.86	.68
RADIOLOGY	461	692		58,204.15	84.11	.013	126.26	1.10
ROOM USE	730	1,082		48,353.49	44.69	.020	66.24	.91
CROSSOVERS/ALL OTH OUTPTNT	1,545	10,929		215,833.71	19.75	.206	139.70	4.07
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1,108	30,197	\$	3,969,000.93	131.44	.570	3582.13	74.91
LEV A-INTERMEDIATE	30	1,070		88,470.74	82.68	.020	2949.02	1.67
LEV B-REHAB MD	9	305		38,212.50	125.29	.006	4245.83	.72
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	10	291		160,966.65	553.15	.005	16096.67	3.04
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,063	28,531		3,681,351.04	129.03	.539	3463.17	69.48
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	307	9,699	\$	377,169.65	38.89	.183	1228.57	7.12
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	307	9,699		377,169.65	38.89	.183	1228.57	7.12
@REHABILITATION FACILITY	8	34	\$	840.98	24.73	.001	105.12	.02
HOSPITAL BASED	8	34		840.98	24.73	.001	105.12	.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,709	7,348	\$	74,628.53	10.16	.139	43.67	1.41
PATHOLOGY	1,680	7,252		73,818.80	10.18	.137	43.94	1.39
XO AND OTHERS	29	96		809.73	8.43	.002	27.92	.02
@ORGANIZED OUTPATIENT CLINIC	657	1,933	\$	92,558.04	47.88	.036	140.88	1.75
CLINIC	265	727		15,763.73	21.68	.014	59.49	.30
SURGICENTER	213	957		55,975.71	58.49	.018	262.80	1.06
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	180	249		20,818.60	83.61	.005	115.66	.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,656
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X							

----- MONTHLY AVERAGE -----								
52,982 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	5,183	440,781	\$ 1,288,895.00	\$ 2.92	8.319	\$ 248.68	\$ 24.33	
DURABLE MED. EQUIP.	277	932	77,153.34	82.78	.018	278.53	1.46	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	45	55	24,270.68	441.29	.001	539.35	.46	
MEDICAL TRANSPORTATION	1,019	51,610	234,319.60	4.54	.974	229.95	4.42	
AMBULANCES/AIR TRANS	247	1,990	31,066.28	15.61	.038	125.77	.59	
OTHER TRANS	681	48,869	198,682.56	4.07	.922	291.75	3.75	
OTHER SERVICES	119	751	4,570.76	6.09	.014	38.41	.09	
ACUPUNCTURE	195	393	7,086.61	18.03	.007	36.34	.13	

ADULT DAY HEALTH CARE CTR	516	7,292	502,932.85	68.97	.138	974.68	9.49
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	457	3,163	176,579.29	55.83	.060	386.39	3.33
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	920	2,179	25,634.83	11.76	.041	27.86	.48
PHYSICAL THERAPIST	34	189	2,560.77	13.55	.004	75.32	.05
PORTABLE X-RAY	58	116	698.98	6.03	.002	12.05	.01
PROSTHETIST/ORTHOTISTS	25	51	2,082.39	40.83	.001	83.30	.04
PROSTHETICS	25	51	2,082.39	40.83	.001	83.30	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	4	50.23	12.56	.000	16.74	.00
SPEECH AND AUDIOLOGY	148	348	44,358.41	127.47	.007	299.72	.84
HOSPICE SERVICES	26	538	62,536.54	116.24	.010	2405.25	1.18
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	20.80	10.40	.000	20.80	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,026	373,907	128,399.68	.34	7.057	63.38	2.42
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6,555	49,542	\$ 951,420.81	\$ 19.20	.935	\$ 145.14	\$ 17.96

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,657
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	88	2,927	\$ 58,936.93	\$ 20.14	25.903	\$ 669.74	\$ 521.57
@PHYSICIANS SERVICES	45	180	\$ 6,690.18	\$ 37.17	1.593	\$ 148.67	\$ 59.21
OUTPATIENT VISITS	28	49	1,644.12	33.55	.434	58.72	14.55
OFFICE VISITS	24	44	1,335.60	30.35	.389	55.65	11.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	308.52	61.70	.044	61.70	2.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	35	1,453.01	41.51	.310	242.17	12.86
HOSPITAL VISITS	6	33	1,353.41	41.01	.292	225.57	11.98
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	2	99.60	49.80	.018	99.60	.88
OPHTHALMOLOGICAL SERVICES	5	5	215.68	43.14	.044	43.14	1.91
EXAMINATIONS	5	5	215.68	43.14	.044	43.14	1.91
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	11	737.02	67.00	.097	368.51	6.52
PRINCIPAL SURGEON	1	1	553.98	553.98	.009	553.98	4.90
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	10	183.04	18.30	.088	183.04	1.62
OUTPATIENT SURGERY	2	2	107.96	53.98	.018	53.98	.96
PRINCIPAL SURGEON	2	2	107.96	53.98	.018	53.98	.96
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	3	18	915.90	50.88	.159	305.30	8.11
PATHOLOGY	7	12	209.00	17.42	.106	29.86	1.85

RADIOLOGY	8	14		543.78		38.84	.124	67.97	4.81
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3		41.28		13.76	.027	13.76	.37
OTHER SERVICES/ALL X-OVERS	20	31		822.43		26.53	.274	41.12	7.28
@PHARMACY	56	607	\$	13,008.98	\$	21.43	5.372	\$ 232.30	\$ 115.12
PRESCRIPTION DRUGS	55	230		11,163.97		48.54	2.035	202.98	98.80
SNF/ICF	2	15		1,083.65		72.24	.133	541.83	9.59
OUTPATIENTS	54	215		10,080.32		46.89	1.903	186.67	89.21
MEDICAL SUPPLIES	13	377		1,845.01		4.89	3.336	141.92	16.33
@DENTIST	6	25	\$	849.00	\$	33.96	.221	\$ 141.50	\$ 7.51
VISITS - DIAGNOSTIC	4	15		219.00		14.60	.133	54.75	1.94
ORAL SURGERY	1	1		45.00		45.00	.009	45.00	.40
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	2	2		236.00		118.00	.018	118.00	2.09
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	7		349.00		49.86	.062	174.50	3.09
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 10,658
MOPO24	FEE-FOR-SERVICE/DENTAL								03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
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113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.035	\$ 100.56	\$.89
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.009	47.45	.42
EYE APPLIANCES	1	3	53.11	17.70	.027	53.11	.47
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	12	\$ 288.00	\$ 24.00	.106	\$ 28.80	\$ 2.55
MEDICINE/INJECTIONS	10	12	288.00	24.00	.106	28.80	2.55
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 143.70	\$ 71.85	.018	\$ 143.70	\$ 1.27
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	6	15	\$ 491.11	\$ 32.74	.133	\$ 81.85	\$ 4.35
@TOTAL HOSPITAL	7	38	\$ 13,668.09	\$ 359.69	.336	\$ 1952.58	\$ 120.96
HOSP INPATIENT TOTAL	4	9	13,072.00	1452.44	.080	3268.00	115.68
HSC HOSPITALS	2	9	11,320.00	1257.78	.080	5660.00	100.18
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	2	0	1,752.00	.00	.000	876.00	15.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	29	596.09	20.55	.257	149.02	5.28
MEDICAL	3	5	108.46	21.69	.044	36.15	.96
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	16	159.13	9.95	.142	79.57	1.41
RADIOLOGY	2	3	237.11	79.04	.027	118.56	2.10
ROOM USE	2	2	58.11	29.06	.018	29.06	.51
CROSSOVERS/ALL OTH OUTPTNT	1	3	33.28	11.09	.027	33.28	.29
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,659
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	38	\$ 13,668.09	\$ 359.69	.336	\$ 1952.58	\$ 120.96
COMM HOSP INPATIENT TOTAL	4	9	13,072.00	1452.44	.080	3268.00	115.68
HSC HOSPITALS	2	9	11,320.00	1257.78	.080	5660.00	100.18
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,752.00	.00	.000	876.00	15.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	29	596.09	20.55	.257	149.02	5.28
MEDICAL	3	5	108.46	21.69	.044	36.15	.96
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	16	159.13	9.95	.142	79.57	1.41
RADIOLOGY	2	3	237.11	79.04	.027	118.56	2.10
ROOM USE	2	2	58.11	29.06	.018	29.06	.51
CROSSOVERS/ALL OTH OUTPTNT	1	3	33.28	11.09	.027	33.28	.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	20	\$ 2,303.80	\$ 115.19	.177	\$ 1151.90	\$ 20.39
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	2	20		2,303.80		115.19	.177	1151.90	20.39
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	304	\$	11,313.92	\$	37.22	2.690	1414.24	100.12
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	8	304		11,313.92		37.22	2.690	1414.24	100.12
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	7	38	\$	467.46	\$	12.30	.336	66.78	4.14
PATHOLOGY	7	38		467.46		12.30	.336	66.78	4.14
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	47.45	\$	23.73	.018	47.45	.42
CLINIC	1	2		47.45		23.73	.018	47.45	.42
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,660
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16	1,680	\$ 9,564.68	\$ 5.69	14.867	\$ 597.79	\$ 84.64
DURABLE MED. EQUIP.	3	3	159.33	53.11	.027	53.11	1.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	1,666	6,096.77	3.66	14.743	762.10	53.95
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	7	1,662	6,084.60	3.66	14.708	869.23	53.85
OTHER SERVICES	1	4	12.17	3.04	.035	12.17	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	3,002.14	375.27	.071	1000.71	26.57
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	306.44	102.15	.027	153.22	2.71
PROSTHETICS	2	3	306.44	102.15	.027	153.22	2.71
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	13	29	\$ 5,480.86	\$ 189.00	.257	\$ 421.60	\$ 48.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

PAGE 10,661
03/14/05

	45,707 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		40,852	1,412,687	\$ 39,236,109.58	\$ 27.77	30.907	\$ 960.45	\$ 858.43
@PHYSICIANS SERVICES		11,775	71,894	\$ 2,739,515.65	\$ 38.10	1.573	\$ 232.66	\$ 59.94
OUTPATIENT VISITS		4,616	7,077	275,426.64	38.92	.155	59.67	6.03
OFFICE VISITS		3,126	4,642	144,591.22	31.15	.102	46.25	3.16
HOME VISITS		2	2	91.05	45.53	.000	45.53	.00
EMERGENCY ROOM		1,092	1,428	104,851.69	73.43	.031	96.02	2.29
PREVENTIVE CARE		2	2	92.22	46.11	.000	46.11	.00
OB VISITS/COMPRE PERI		5	12	244.92	20.41	.000	48.98	.01
OTHER OUTPATIENT		733	991	25,555.54	25.79	.022	34.86	.56
INPATIENT VISITS		1,223	10,440	463,794.21	44.42	.228	379.23	10.15
HOSPITAL VISITS		1,144	9,838	404,443.17	41.11	.215	353.53	8.85
CRITICAL CARE		132	455	54,406.26	119.57	.010	412.17	1.19
SNF/ICF/TRANS IP CARE		70	147	4,944.78	33.64	.003	70.64	.11
OPHTHALMOLOGICAL SERVICES		207	302	12,119.43	40.13	.007	58.55	.27
EXAMINATIONS		198	293	11,889.44	40.58	.006	60.05	.26
SERVICES AND MATERIALS		9	9	229.99	25.55	.000	25.55	.01
INPATIENT HOSPITAL SURGERY		779	5,974	484,569.56	81.11	.131	622.04	10.60
PRINCIPAL SURGEON		645	1,794	383,605.87	213.83	.039	594.74	8.39
ASSISTANT SURGEON		50	56	12,391.87	221.28	.001	247.84	.27
ANESTHESIOLOGIST		253	4,124	88,571.82	21.48	.090	350.09	1.94

OUTPATIENT SURGERY	696	1,670	173,517.29	103.90	.037	249.31	3.80
PRINCIPAL SURGEON	605	834	152,506.11	182.86	.018	252.08	3.34
ASSISTANT SURGEON	8	8	1,572.22	196.53	.000	196.53	.03
ANESTHESIOLOGIST	130	828	19,438.96	23.48	.018	149.53	.43
DIALYSIS	260	1,052	73,892.19	70.24	.023	284.20	1.62
PATHOLOGY	1,076	4,365	80,429.37	18.43	.095	74.75	1.76
RADIOLOGY	2,482	9,905	449,010.31	45.33	.217	180.91	9.82
PSYCHIATRY	12	16	762.14	47.63	.000	63.51	.02
IMMUNIZATION AND INJECTION	263	9,363	306,269.19	32.71	.205	1164.52	6.70
OTHER SERVICES/ALL X-OVERS	6,526	21,730	419,725.32	19.32	.475	64.32	9.18
@PHARMACY	31,134	587,247	\$ 14,173,447.22	\$ 24.14	12.848	\$ 455.24	\$ 310.09
PRESCRIPTION DRUGS	30,683	148,922	13,750,782.42	92.34	3.258	448.16	300.85
SNF/ICF	467	3,342	238,062.74	71.23	.073	509.77	5.21
OUTPATIENTS	30,326	145,580	13,512,719.68	92.82	3.185	445.58	295.64
MEDICAL SUPPLIES	3,078	438,325	422,664.80	.96	9.590	137.32	9.25
@DENTIST	2,763	12,785	\$ 513,716.91	\$ 40.18	.280	\$ 185.93	\$ 11.24
VISITS - DIAGNOSTIC	1,712	7,600	94,117.15	12.38	.166	54.97	2.06
ORAL SURGERY	587	1,753	87,216.15	49.75	.038	148.58	1.91
DRUGS	5	7	40.00	5.71	.000	8.00	.00
ANESTHESIA	6	6	600.00	100.00	.000	100.00	.01
PERIODONTICS	187	203	20,820.39	102.56	.004	111.34	.46
ENDODONTICS	175	248	56,281.00	226.94	.005	321.61	1.23
RESTORATIVE DENTISTRY	699	1,654	104,240.85	63.02	.036	149.13	2.28
PROSTHETICS	30	33	1,030.00	31.21	.001	34.33	.02
DENTURES, STAYPLATES	378	1,184	148,808.30	125.68	.026	393.67	3.26
SPACE MAINTAINERS	1	1	120.00	120.00	.000	120.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.000	98.07	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	6	345.00	57.50	.000	69.00	.01
ALL OTHER SERVICES	53	89	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,662
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

----- MONTHLY AVERAGE -----							
45,707 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	750	2,181	\$ 46,322.45	\$ 21.24	.048	\$ 61.76	\$ 1.01
DIAGNOSTIC AND ANC. PROCED	372	409	15,421.02	37.70	.009	41.45	.34
EYE APPLIANCES	591	1,729	29,623.05	17.13	.038	50.12	.65
OTHER OPTOMETRIC SERVICES	36	43	1,278.38	29.73	.001	35.51	.03
@CHIROPRACTOR	27	52	\$ 798.97	\$ 15.36	.001	\$ 29.59	\$.02
VISITS	23	46	735.68	15.99	.001	31.99	.02
OTHER SERVICES	4	6	63.29	10.55	.000	15.82	.00
@PODIATRIST	513	1,722	\$ 20,169.07	\$ 11.71	.038	\$ 39.32	\$.44
MEDICINE/INJECTIONS	110	132	4,184.90	31.70	.003	38.04	.09
SURGERY/ANES.	16	21	964.18	45.91	.000	60.26	.02
RADIO./PATHOLOGY	10	16	321.88	20.12	.000	32.19	.01
OTHER	400	1,553	14,698.11	9.46	.034	36.75	.32
@HOME HEALTH AGENCY	453	53,827	\$ 1,736,960.01	\$ 32.27	1.178	\$ 3834.35	\$ 38.00
NURSE ANESTHESIST	19	171	\$ 570.63	\$ 3.34	.004	\$ 30.03	\$.01
NURSE MIDWIFE	1	1	\$ 13.53	\$ 13.53	.000	\$ 13.53	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	37	103	\$ 2,382.43	\$ 23.13	.002	\$ 64.39	\$.05
@TOTAL HOSPITAL	5,166	60,714	\$ 14,274,465.20	\$ 235.11	1.328	\$ 2763.16	\$ 312.30
HOSP INPATIENT TOTAL	1,157	10,622	12,976,032.98	1221.62	.232	11215.24	283.90
HSC HOSPITALS	889	9,341	11,520,829.72	1233.36	.204	12959.31	252.06

NON-HSC HOSPITAL TOTAL	101	1,281	1,228,392.56	958.93	.028	12162.30	26.88
ACCOMMODATIONS	99	1,281	499,660.94	390.06	.028	5047.08	10.93
ADMINISTRATIVE DAYS	9	93	16,598.52	178.48	.002	1844.28	.36
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	90	1,188	483,062.42	406.62	.026	5367.36	10.57
ANCILLARIES	101	0	728,731.62	.00	.000	7215.16	15.94
INPATIENT CROSSOVERS	216	0	226,810.70	.00	.000	1050.05	4.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,362	50,092	1,298,432.22	25.92	1.096	297.67	28.41
MEDICAL	879	1,608	106,832.79	66.44	.035	121.54	2.34
SURGERY	238	292	17,808.43	60.99	.006	74.83	.39
PATHOLOGY	1,538	15,592	107,513.09	6.90	.341	69.90	2.35
RADIOLOGY	927	2,189	198,166.39	90.53	.048	213.77	4.34
ROOM USE	1,865	3,631	141,200.21	38.89	.079	75.71	3.09
CROSSOVERS/ALL OTH OUTPTNT	2,587	26,780	726,911.31	27.14	.586	280.99	15.90
@COUNTY HOSPITAL TOTAL	58	479	\$ 210,642.93	\$ 439.76	.010	\$ 3631.77	\$ 4.61
CO HOSPITAL INPATIENT TOTAL	8	155	201,435.00	1299.58	.003	25179.38	4.41
HSC HOSPITALS	8	155	201,435.00	1299.58	.003	25179.38	4.41
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	51	324	9,207.93	28.42	.007	180.55	.20
MEDICAL	22	41	1,059.50	25.84	.001	48.16	.02
SURGERY	6	8	359.54	44.94	.000	59.92	.01
PATHOLOGY	14	102	1,519.64	14.90	.002	108.55	.03
RADIOLOGY	13	20	1,457.75	72.89	.000	112.13	.03
ROOM USE	24	55	2,169.65	39.45	.001	90.40	.05
CROSSOVERS/ALL OTH OUTPTNT	35	98	2,641.85	26.96	.002	75.48	.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,663
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

45,707 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,116	60,235	\$ 14,063,822.27	\$ 233.48	1.318	\$ 2748.99	\$ 307.70
COMM HOSP INPATIENT TOTAL	1,149	10,467	12,774,597.98	1220.46	.229	11118.01	279.49
HSC HOSPITALS	881	9,186	11,319,394.72	1232.24	.201	12848.35	247.65
NON-HSC HOSPITALS TOTAL	101	1,281	1,228,392.56	958.93	.028	12162.30	26.88
ACCOMMODATIONS	99	1,281	499,660.94	390.06	.028	5047.08	10.93
ADMINISTRATIVE DAYS	9	93	16,598.52	178.48	.002	1844.28	.36
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	90	1,188	483,062.42	406.62	.026	5367.36	10.57
ANCILLARIES	101	0	728,731.62	.00	.000	7215.16	15.94
INPATIENT CROSSOVERS	216	0	226,810.70	.00	.000	1050.05	4.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,316	49,768	1,289,224.29	25.90	1.089	298.71	28.21
MEDICAL	859	1,567	105,773.29	67.50	.034	123.14	2.31
SURGERY	232	284	17,448.89	61.44	.006	75.21	.38
PATHOLOGY	1,525	15,490	105,993.45	6.84	.339	69.50	2.32
RADIOLOGY	914	2,169	196,708.64	90.69	.047	215.22	4.30
ROOM USE	1,843	3,576	139,030.56	38.88	.078	75.44	3.04

CROSSOVERS/ALL OTH OUTPTNT	2,552	26,682		724,269.46		27.14	.584	283.80	15.85
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	321	7,812	\$	1,375,959.81	\$	176.13	.171	\$ 4286.48	\$ 30.10
LEV A-INTERMEDIATE	6	209		14,021.06		67.09	.005	2336.84	.31
LEV B-REHAB MD	6	210		27,166.05		129.36	.005	4527.68	.59
LEV B-SUBACUTE FREESTANDING	1	48		15,751.76		328.16	.001	15751.76	.34
LEV B-SUBACUTE HSPTL BASED	12	409		230,209.23		562.86	.009	19184.10	5.04
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	296	6,936		1,088,811.71		156.98	.152	3678.42	23.82
@INTERMEDIATE CARE FACIL.-DD	65	2,114	\$	379,093.70	\$	179.33	.046	\$ 5832.21	\$ 8.29
ICF DDH	41	1,398		231,763.48		165.78	.031	5652.77	5.07
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	24	716		147,330.22		205.77	.016	6138.76	3.22
@HEMODIALYSIS TOTAL	862	32,775	\$	1,139,489.99	\$	34.77	.717	\$ 1321.91	\$ 24.93
HOSPITAL BASED	3	32		6,320.31		197.51	.001	2106.77	.14
HEMODIALYSIS CENTER	859	32,743		1,133,169.68		34.61	.716	1319.17	24.79
@REHABILITATION FACILITY	311	4,434	\$	77,418.53	\$	17.46	.097	\$ 248.93	\$ 1.69
HOSPITAL BASED	68	448		12,195.53		27.22	.010	179.35	.27
INDEPENDENT FACILITY	243	3,986		65,223.00		16.36	.087	268.41	1.43
@LABORATORY FACILITY	1,708	8,703	\$	96,729.20	\$	11.11	.190	\$ 56.63	\$ 2.12
PATHOLOGY	1,660	8,511		95,659.21		11.24	.186	57.63	2.09
XO AND OTHERS	49	192		1,069.99		5.57	.004	21.84	.02
@ORGANIZED OUTPATIENT CLINIC	1,026	2,393	\$	107,524.75	\$	44.93	.052	\$ 104.80	\$ 2.35
CLINIC	655	1,509		31,376.16		20.79	.033	47.90	.69
SURGICENTER	84	384		18,597.28		48.43	.008	221.40	.41
HEROIN DETOX CLINIC	2	17		221.65		13.04	.000	110.83	.00
RURAL HEALTH CLINIC	287	483		57,329.66		118.69	.011	199.75	1.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 10,664
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

----- MONTHLY AVERAGE -----									
45,707 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	6,488	563,759	\$ 2,551,531.53	\$ 4.53	12.334	\$ 393.27	\$ 55.82		
DURABLE MED. EQUIP.	518	2,942	353,150.92	120.04	.064	681.76	7.73		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	13	17	6,965.04	409.71	.000	535.77	.15		
MEDICAL TRANSPORTATION	1,322	122,510	444,032.42	3.62	2.680	335.88	9.71		
AMBULANCES/AIR TRANS	648	5,011	85,772.06	17.12	.110	132.36	1.88		
OTHER TRANS	587	116,815	352,052.35	3.01	2.556	599.75	7.70		
OTHER SERVICES	126	684	6,208.01	9.08	.015	49.27	.14		
ACUPUNCTURE	50	108	1,935.53	17.92	.002	38.71	.04		
ADULT DAY HEALTH CARE CTR	192	3,419	233,618.41	68.33	.075	1216.76	5.11		
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.00		
IHMC,MODEL-NF,NF,AIDS,MSSP	203	10,353	258,659.09	24.98	.227	1274.18	5.66		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	833	1,925	22,055.18	11.46	.042	26.48	.48		
PHYSICAL THERAPIST	31	241	3,399.92	14.11	.005	109.67	.07		
PORTABLE X-RAY	21	41	605.93	14.78	.001	28.85	.01		
PROSTHETIST/ORTHOTISTS	66	347	39,191.02	112.94	.008	593.80	.86		
PROSTHETICS	66	347	39,191.02	112.94	.008	593.80	.86		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	10	15	418.82	27.92	.000	41.88	.01		
SPEECH AND AUDIOLOGY	205	848	47,764.95	56.33	.019	233.00	1.05		

HOSPICE SERVICES	85	2,412		334,811.71	138.81	.053	3938.96	7.33
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,560	73,194		439,499.95	6.00	1.601	281.73	9.62
EPSDT SUPPLEMENTAL SERVICE	80	6,066		177,892.87	29.33	.133	2223.66	3.89
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,914	339,319		187,319.77	.55	7.424	97.87	4.10
@CALIF. CHILDREN SERVICES*	602	20,609	\$	640,787.27	\$ 31.09	.451	\$ 1064.43	\$ 14.02
@XOVER EXCLUDING STATE HOSP**	7,134	68,862	\$	1,337,215.81	\$ 19.42	1.507	\$ 187.44	\$ 29.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,665
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

213,701 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	84,523	512,366	\$ 31,810,982.03	\$ 62.09	2.398	\$ 376.36	\$ 148.86
@PHYSICIANS SERVICES	28,261	91,176	\$ 5,875,835.56	\$ 64.44	.427	\$ 207.91	\$ 27.50
OUTPATIENT VISITS	18,813	29,993	1,327,861.21	44.27	.140	70.58	6.21
OFFICE VISITS	9,308	11,506	432,533.29	37.59	.054	46.47	2.02
HOME VISITS	2	7	272.30	38.90	.000	136.15	.00
EMERGENCY ROOM	4,710	5,174	297,345.27	57.47	.024	63.13	1.39
PREVENTIVE CARE	35	35	1,394.39	39.84	.000	39.84	.01
OB VISITS/COMPRE PERI	4,524	11,692	549,771.26	47.02	.055	121.52	2.57
OTHER OUTPATIENT	1,345	1,579	46,544.70	29.48	.007	34.61	.22
INPATIENT VISITS	3,179	12,692	1,131,796.29	89.17	.059	356.02	5.30
HOSPITAL VISITS	2,840	8,153	384,339.08	47.14	.038	135.33	1.80
CRITICAL CARE	533	4,518	746,469.11	165.22	.021	1400.50	3.49
SNF/ICF/TRANS IP CARE	6	21	988.10	47.05	.000	164.68	.00
OPHTHALMOLOGICAL SERVICES	206	293	12,958.69	44.23	.001	62.91	.06

EXAMINATIONS	185	271		12,465.07		46.00	.001	67.38	.06
SERVICES AND MATERIALS	22	22		493.62		22.44	.000	22.44	.00
INPATIENT HOSPITAL SURGERY	2,907	13,140		1,877,636.50		142.89	.061	645.90	8.79
PRINCIPAL SURGEON	2,060	2,744		1,551,396.17		565.38	.013	753.10	7.26
ASSISTANT SURGEON	292	299		59,368.39		198.56	.001	203.32	.28
ANESTHESIOLOGIST	1,183	10,097		266,871.94		26.43	.047	225.59	1.25
OUTPATIENT SURGERY	1,749	3,806		323,280.89		84.94	.018	184.84	1.51
PRINCIPAL SURGEON	1,532	2,028		266,917.85		131.62	.009	174.23	1.25
ASSISTANT SURGEON	8	8		1,346.04		168.26	.000	168.26	.01
ANESTHESIOLOGIST	430	1,770		55,017.00		31.08	.008	127.95	.26
DIALYSIS	85	321		29,034.81		90.45	.002	341.59	.14
PATHOLOGY	2,634	5,062		86,029.35		17.00	.024	32.66	.40
RADIOLOGY	7,353	14,133		652,261.97		46.15	.066	88.71	3.05
PSYCHIATRY	10	12		951.42		79.29	.000	95.14	.00
IMMUNIZATION AND INJECTION	724	3,320		82,997.73		25.00	.016	114.64	.39
OTHER SERVICES/ALL X-OVERS	3,253	8,404		351,026.70		41.77	.039	107.91	1.64
@PHARMACY	21,301	84,817	\$	2,868,736.31	\$	33.82	.397	\$ 134.68	\$ 13.42
PRESCRIPTION DRUGS	20,824	44,747		2,495,267.97		55.76	.209	119.83	11.68
SNF/ICF	47	278		28,208.04		101.47	.001	600.17	.13
OUTPATIENTS	20,801	44,469		2,467,059.93		55.48	.208	118.60	11.54
MEDICAL SUPPLIES	1,184	40,070		373,468.34		9.32	.188	315.43	1.75
@DENTIST	4,005	22,666	\$	531,521.55	\$	23.45	.106	\$ 132.71	\$ 2.49
VISITS - DIAGNOSTIC	3,058	15,372		189,143.75		12.30	.072	61.85	.89
ORAL SURGERY	804	1,603		75,264.60		46.95	.008	93.61	.35
DRUGS	33	36		625.00		17.36	.000	18.94	.00
ANESTHESIA	5	4		400.00		100.00	.000	80.00	.00
PERIODONTICS	113	145		7,528.00		51.92	.001	66.62	.04
ENDODONTICS	323	538		54,311.50		100.95	.003	168.15	.25
RESTORATIVE DENTISTRY	1,366	4,086		178,029.05		43.57	.019	130.33	.83
PROSTHETICS	12	13		260.00		20.00	.000	21.67	.00
DENTURES, STAYPLATES	71	284		17,521.65		61.70	.001	246.78	.08
SPACE MAINTAINERS	31	41		3,711.00		90.51	.000	119.71	.02
MAXILLOFACIAL SERVICES	6	6		50.00		8.33	.000	8.33	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	129	188		4,152.00		22.09	.001	32.19	.02
ALL OTHER SERVICES	138	350		525.00		1.50	.002	3.80	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,666
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	213,701 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	778	2,420	\$	54,762.21	\$ 22.63	.011	\$ 70.39	\$.26
DIAGNOSTIC AND ANC. PROCED	648	694		29,239.60	42.13	.003	45.12	.14
EYE APPLIANCES	582	1,711		25,137.77	14.69	.008	43.19	.12
OTHER OPTOMETRIC SERVICES	15	15		384.84	25.66	.000	25.66	.00
@CHIROPRACTOR	20	31	\$	509.96	\$ 16.45	.000	\$ 25.50	\$.00
VISITS	20	31		509.96	16.45	.000	25.50	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	50	73	\$	2,746.41	\$ 37.62	.000	\$ 54.93	\$.01
MEDICINE/INJECTIONS	43	49		2,106.24	42.98	.000	48.98	.01
SURGERY/ANES.	7	10		296.58	29.66	.000	42.37	.00
RADIO./PATHOLOGY	5	6		112.44	18.74	.000	22.49	.00
OTHER	7	8		231.15	28.89	.000	33.02	.00
@HOME HEALTH AGENCY	228	3,378	\$	128,299.27	\$ 37.98	.016	\$ 562.72	\$.60
NURSE ANESTHESIST	61	380	\$	8,093.19	\$ 21.30	.002	\$ 132.68	\$.04

NURSE MIDWIFE	53	511	\$	15,123.65	\$	29.60	.002	\$	285.35	\$	.07
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$	57.20	.000	\$	57.20	\$	.00
FAMILY NURSE PRACTITIONER	90	245	\$	6,591.90	\$	26.91	.001	\$	73.24	\$	.03
@TOTAL HOSPITAL	15,739	75,250	\$	18,943,214.13	\$	251.74	.352	\$	1203.58	\$	88.64
HOSP INPATIENT TOTAL	2,900	12,642		17,372,800.90		1374.21	.059		5990.62		81.29
HSC HOSPITALS	2,765	11,871		16,160,858.83		1361.37	.056		5844.80		75.62
NON-HSC HOSPITAL TOTAL	137	771		1,204,388.75		1562.11	.004		8791.16		5.64
ACCOMMODATIONS	132	771		611,366.78		792.95	.004		4631.57		2.86
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	131	770		611,135.48		793.68	.004		4665.16		2.86
ANCILLARIES	135	0		593,021.97		.00	.000		4392.76		2.78
INPATIENT CROSSOVERS	8	0		7,553.32		.00	.000		944.17		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	14,092	62,608		1,570,413.23		25.08	.293		111.44		7.35
MEDICAL	2,091	2,829		95,967.17		33.92	.013		45.90		.45
SURGERY	1,130	1,573		53,974.26		34.31	.007		47.76		.25
PATHOLOGY	4,992	26,083		244,527.01		9.37	.122		48.98		1.14
RADIOLOGY	3,207	4,724		395,687.21		83.76	.022		123.38		1.85
ROOM USE	8,154	10,587		399,137.21		37.70	.050		48.95		1.87
CROSSOVERS/ALL OTH OUTPTNT	7,146	16,812		381,120.37		22.67	.079		53.33		1.78
@COUNTY HOSPITAL TOTAL	181	1,284	\$	410,270.07	\$	319.52	.006	\$	2266.69	\$	1.92
CO HOSPITAL INPATIENT TOTAL	43	304		377,945.36		1243.24	.001		8789.43		1.77
HSC HOSPITALS	43	304		377,945.36		1243.24	.001		8789.43		1.77
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	156	980		32,324.71		32.98	.005		207.21		.15
MEDICAL	35	56		1,999.72		35.71	.000		57.13		.01
SURGERY	38	62		1,779.30		28.70	.000		46.82		.01
PATHOLOGY	67	406		6,155.53		15.16	.002		91.87		.03
RADIOLOGY	29	54		5,557.35		102.91	.000		191.63		.03
ROOM USE	85	171		8,864.67		51.84	.001		104.29		.04
CROSSOVERS/ALL OTH OUTPTNT	96	231		7,968.14		34.49	.001		83.00		.04

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	213,701 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	15,573	73,966	\$	18,532,944.06	\$	250.56	.346	\$	86.72		
COMM HOSP INPATIENT TOTAL	2,857	12,338		16,994,855.54		1377.44	.058		5948.50		79.53
HSC HOSPITALS	2,722	11,567		15,782,913.47		1364.48	.054		5798.28		73.86
NON-HSC HOSPITALS TOTAL	137	771		1,204,388.75		1562.11	.004		8791.16		5.64
ACCOMMODATIONS	132	771		611,366.78		792.95	.004		4631.57		2.86
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	131	770		611,135.48		793.68	.004		4665.16		2.86
ANCILLARIES	135	0		593,021.97		.00	.000		4392.76		2.78
INPATIENT CROSSOVERS	8	0		7,553.32		.00	.000		944.17		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

----- MONTHLY AVERAGE -----

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03/14/05

COMM HOSP OUTPATIENT TOTAL	13,949	61,628		1,538,088.52	24.96	.288	110.27	7.20
MEDICAL	2,057	2,773		93,967.45	33.89	.013	45.68	.44
SURGERY	1,092	1,511		52,194.96	34.54	.007	47.80	.24
PATHOLOGY	4,931	25,677		238,371.48	9.28	.120	48.34	1.12
RADIOLOGY	3,181	4,670		390,129.86	83.54	.022	122.64	1.83
ROOM USE	8,076	10,416		390,272.54	37.47	.049	48.32	1.83
CROSSOVERS/ALL OTH OUTPTNT	7,050	16,581		373,152.23	22.50	.078	52.93	1.75
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	19	479	\$	161,767.31	\$ 337.72	.002	\$ 8514.07	\$.76
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	5	199		122,164.11	613.89	.001	24432.82	.57
LEV B-SUBACUTE HSPTL BASED	0	0		1,979.10	.00	.000	.00	.01
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	14	280		37,624.10	134.37	.001	2687.44	.18
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	126	13,505	\$	338,116.48	\$ 25.04	.063	\$ 2683.46	\$ 1.58
HOSPITAL BASED	6	68		13,405.15	197.13	.000	2234.19	.06
HEMODIALYSIS CENTER	120	13,437		324,711.33	24.17	.063	2705.93	1.52
@REHABILITATION FACILITY	200	1,222	\$	27,236.17	\$ 22.29	.006	\$ 136.18	\$.13
HOSPITAL BASED	85	272		9,177.02	33.74	.001	107.96	.04
INDEPENDENT FACILITY	116	950		18,059.15	19.01	.004	155.68	.08
@LABORATORY FACILITY	8,239	24,809	\$	318,598.18	\$ 12.84	.116	\$ 38.67	\$ 1.49
PATHOLOGY	8,237	24,805		318,571.53	12.84	.116	38.68	1.49
XO AND OTHERS	3	4		26.65	6.66	.000	8.88	.00
@ORGANIZED OUTPATIENT CLINIC	6,796	22,363	\$	863,869.80	\$ 38.63	.105	\$ 127.11	\$ 4.04
CLINIC	5,138	19,000		535,817.60	28.20	.089	104.29	2.51
SURGICENTER	140	794		24,562.77	30.94	.004	175.45	.11
HEROIN DETOX CLINIC	14	173		1,876.67	10.85	.001	134.05	.01
RURAL HEALTH CLINIC	1,515	2,396		301,612.76	125.88	.011	199.08	1.41

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,668
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	213,701 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	25,485	169,040	\$	1,665,902.75	\$ 9.86	.791	\$ 65.37	\$ 7.80
DURABLE MED. EQUIP.	236	1,298		64,661.20	49.82	.006	273.99	.30
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1,147	15,005		195,970.07	13.06	.070	170.85	.92
AMBULANCES/AIR TRANS	1,123	8,229		139,149.34	16.91	.039	123.91	.65
OTHER TRANS	25	6,743		19,350.19	2.87	.032	774.01	.09
OTHER SERVICES	33	33		37,470.54	1135.47	.000	1135.47	.18
ACUPUNCTURE	8	16		324.37	20.27	.000	40.55	.00
ADULT DAY HEALTH CARE CTR	4	38		2,664.92	70.13	.000	666.23	.01
GENETIC DISEASE TESTING	1,479	1,484		155,700.00	104.92	.007	105.27	.73
IIMC,MODEL-NF,NF,AIDS,MSSP	6	139		60,813.65	437.51	.001	10135.61	.28
OCCUPATIONAL THERAPIST	1	6		124.19	20.70	.000	124.19	.00
OPTICIAN	6,792	14,199		131,406.39	9.25	.066	19.35	.61
PHYSICAL THERAPIST	14	77		1,214.61	15.77	.000	86.76	.01

PORTABLE X-RAY	1	3	87.96	29.32	.000	87.96	.00
PROSTHETIST/ORTHOTISTS	71	118	16,089.25	136.35	.001	226.61	.08
PROSTHETICS	70	116	15,971.33	137.68	.001	228.16	.07
ORTHOTICS	1	2	117.92	58.96	.000	117.92	.00
PSYCHOLOGIST	18	66	1,365.29	20.69	.000	75.85	.01
SPEECH AND AUDIOLOGY	16	94	4,538.28	48.28	.000	283.64	.02
HOSPICE SERVICES	10	137	18,796.09	137.20	.001	1879.61	.09
NONINST BIRTHING CENTERS	8	8	8,015.08	1001.89	.000	1001.89	.04
LOCAL EDUCATION AGENCIES	15,650	94,373	948,063.38	10.05	.442	60.58	4.44
EPSDT SUPPLEMENTAL SERVICE	11	880	25,880.80	29.41	.004	2352.80	.12
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	165	41,099	30,187.22	.73	.192	182.95	.14
@CALIF. CHILDREN SERVICES*	4,232	116,889	\$ 9,032,872.50	\$ 77.28	.547	\$ 2134.42	\$ 42.27
@XOVER EXCLUDING STATE HOSP**	114	705	\$ 20,939.35	\$ 29.70	.003	\$ 183.68	\$.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,669
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

					----- MONTHLY AVERAGE -----			
312,503 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	163,923	3,431,504	\$ 89,277,884.06	\$ 26.02	10.981	\$ 544.63	\$ 285.69	
@PHYSICIANS SERVICES	50,166	197,268	\$ 9,884,663.70	\$ 50.11	.631	\$ 197.04	\$ 31.63	
OUTPATIENT VISITS	27,906	43,387	1,827,406.62	42.12	.139	65.48	5.85	
OFFICE VISITS	16,442	21,729	757,845.88	34.88	.070	46.09	2.43	
HOME VISITS	5	10	414.95	41.50	.000	82.99	.00	
EMERGENCY ROOM	6,278	7,119	440,216.11	61.84	.023	70.12	1.41	
PREVENTIVE CARE	37	37	1,486.61	40.18	.000	40.18	.00	
OB VISITS/COMPRE PERI	4,529	11,704	550,016.18	46.99	.037	121.44	1.76	
OTHER OUTPATIENT	2,250	2,788	77,426.89	27.77	.009	34.41	.25	
INPATIENT VISITS	4,802	25,165	1,685,610.22	66.98	.081	351.02	5.39	
HOSPITAL VISITS	4,362	19,931	872,035.67	43.75	.064	199.92	2.79	
CRITICAL CARE	683	5,018	805,921.77	160.61	.016	1179.97	2.58	
SNF/ICF/TRANS IP CARE	105	216	7,652.78	35.43	.001	72.88	.02	
OPHTHALMOLOGICAL SERVICES	777	1,080	44,218.39	40.94	.003	56.91	.14	
EXAMINATIONS	736	1,035	43,127.74	41.67	.003	58.60	.14	
SERVICES AND MATERIALS	45	45	1,090.65	24.24	.000	24.24	.00	
INPATIENT HOSPITAL SURGERY	3,890	20,351	2,494,534.94	122.58	.065	641.27	7.98	
PRINCIPAL SURGEON	2,855	4,785	2,037,357.83	425.78	.015	713.61	6.52	
ASSISTANT SURGEON	373	386	79,661.88	206.38	.001	213.57	.25	
ANESTHESIOLOGIST	1,510	15,180	377,515.23	24.87	.049	250.01	1.21	
OUTPATIENT SURGERY	2,975	6,775	697,026.84	102.88	.022	234.29	2.23	
PRINCIPAL SURGEON	2,583	3,441	598,500.06	173.93	.011	231.71	1.92	
ASSISTANT SURGEON	23	23	4,234.36	184.10	.000	184.10	.01	
ANESTHESIOLOGIST	702	3,311	94,292.42	28.48	.011	134.32	.30	
DIALYSIS	418	1,780	128,035.99	71.93	.006	306.31	.41	
PATHOLOGY	4,352	11,055	183,745.52	16.62	.035	42.22	.59	
RADIOLOGY	11,491	27,800	1,277,022.72	45.94	.089	111.13	4.09	
PSYCHIATRY	22	28	1,713.56	61.20	.000	77.89	.01	
IMMUNIZATION AND INJECTION	1,249	14,887	447,448.12	30.06	.048	358.25	1.43	
OTHER SERVICES/ALL X-OVERS	15,197	44,960	1,097,900.78	24.42	.144	72.24	3.51	
@PHARMACY	83,491	1,618,900	\$ 24,759,938.71	\$ 15.29	5.180	\$ 296.56	\$ 79.23	
PRESCRIPTION DRUGS	81,962	324,832	23,662,658.07	72.85	1.039	288.70	75.72	

SNF/ICF	1,660	11,596	666,116.12	57.44	.037	401.27	2.13
OUTPATIENTS	80,643	313,236	22,996,541.95	73.42	1.002	285.16	73.59
MEDICAL SUPPLIES	7,326	1,294,068	1,097,280.64	.85	4.141	149.78	3.51
@DENTIST	8,899	44,872	\$ 1,455,155.61	\$ 32.43	.144	\$ 163.52	\$ 4.66
VISITS - DIAGNOSTIC	6,119	28,606	351,755.40	12.30	.092	57.49	1.13
ORAL SURGERY	1,817	4,726	226,269.75	47.88	.015	124.53	.72
DRUGS	42	47	730.00	15.53	.000	17.38	.00
ANESTHESIA	14	13	1,300.00	100.00	.000	92.86	.00
PERIODONTICS	415	464	41,111.99	88.60	.001	99.07	.13
ENDODONTICS	569	885	131,962.75	149.11	.003	231.92	.42
RESTORATIVE DENTISTRY	2,435	6,572	337,411.20	51.34	.021	138.57	1.08
PROSTHETICS	71	77	2,348.50	30.50	.000	33.08	.01
DENTURES, STAYPLATES	910	2,714	351,644.95	129.57	.009	386.42	1.13
SPACE MAINTAINERS	32	42	3,831.00	91.21	.000	119.72	.01
MAXILLOFACIAL SERVICES	7	7	148.07	21.15	.000	21.15	.00
FRACTURES, DISLOCATIONS	1	2	1,350.00	675.00	.000	1350.00	.00
ORTHODONTIC SERVICES	134	194	4,497.00	23.18	.001	33.56	.01
ALL OTHER SERVICES	226	523	795.00	1.52	.002	3.52	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,670
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

					----- MONTHLY AVERAGE -----			
312,503 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2,327	7,074	\$ 153,760.54	\$ 21.74	.023	\$ 66.08	\$.49	
DIAGNOSTIC AND ANC. PROCED	1,402	1,514	60,949.77	40.26	.005	43.47	.20	
EYE APPLIANCES	1,812	5,421	88,644.36	16.35	.017	48.92	.28	
OTHER OPTOMETRIC SERVICES	106	139	4,166.41	29.97	.000	39.31	.01	
@CHIROPRACTOR	53	92	\$ 1,459.41	\$ 15.86	.000	\$ 27.54	\$.00	
VISITS	49	86	1,396.12	16.23	.000	28.49	.00	
OTHER SERVICES	4	6	63.29	10.55	.000	15.82	.00	
@PODIATRIST	1,090	2,794	\$ 33,710.26	\$ 12.07	.009	\$ 30.93	\$.11	

MEDICINE/INJECTIONS	213	249		8,533.60	34.27	.001	40.06	.03
SURGERY/ANES.	26	34		1,522.98	44.79	.000	58.58	.00
RADIO./PATHOLOGY	16	24		468.92	19.54	.000	29.31	.00
OTHER	874	2,487		23,184.76	9.32	.008	26.53	.07
@HOME HEALTH AGENCY	752	57,667	\$	1,897,262.46	\$ 32.90	.185	\$ 2522.96	\$ 6.07
NURSE ANESTHESIST	101	672	\$	9,758.46	\$ 14.52	.002	\$ 96.62	\$.03
NURSE MIDWIFE	55	513	\$	15,144.40	\$ 29.52	.002	\$ 275.35	\$.05
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$ 57.20	.000	\$ 57.20	\$.00
FAMILY NURSE PRACTITIONER	148	410	\$	10,858.71	\$ 26.48	.001	\$ 73.37	\$.03
@TOTAL HOSPITAL	23,794	155,797	\$	36,126,085.96	\$ 231.88	.499	\$ 1518.29	\$ 115.60
HOSP INPATIENT TOTAL	4,510	25,231		32,849,114.79	1301.93	.081	7283.62	105.12
HSC HOSPITALS	3,952	23,075		29,942,040.52	1297.60	.074	7576.43	95.81
NON-HSC HOSPITAL TOTAL	257	2,156		2,540,266.55	1178.23	.007	9884.31	8.13
ACCOMMODATIONS	250	2,156		1,144,305.00	530.75	.007	4577.22	3.66
ADMINISTRATIVE DAYS	11	102		15,429.88	151.27	.000	1402.72	.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	239	2,054		1,128,875.12	549.60	.007	4723.33	3.61
ANCILLARIES	255	0		1,395,961.55	.00	.000	5474.36	4.47
INPATIENT CROSSOVERS	368	0		366,807.72	.00	.000	996.76	1.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	20,977	130,566		3,276,971.17	25.10	.418	156.22	10.49
MEDICAL	3,438	5,155		233,760.03	45.35	.016	67.99	.75
SURGERY	1,522	2,028		86,739.03	42.77	.006	56.99	.28
PATHOLOGY	7,230	45,861		388,527.87	8.47	.147	53.74	1.24
RADIOLOGY	4,599	7,621		653,464.92	85.75	.024	142.09	2.09
ROOM USE	10,758	15,314		589,294.51	38.48	.049	54.78	1.89
CROSSOVERS/ALL OTH OUTPTNT	11,291	54,587		1,325,184.81	24.28	.175	117.37	4.24
@COUNTY HOSPITAL TOTAL	261	1,918	\$	638,177.92	\$ 332.73	.006	\$ 2445.13	\$ 2.04
CO HOSPITAL INPATIENT TOTAL	53	467		592,688.87	1269.14	.001	11182.81	1.90
HSC HOSPITALS	52	463		583,780.36	1260.86	.001	11226.55	1.87
NON-HSC HOSPITALS TOTAL	1	4		8,908.51	2227.13	.000	8908.51	.03
ACCOMMODATIONS	1	4		2,138.40	534.60	.000	2138.40	.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4		2,138.40	534.60	.000	2138.40	.01
ANCILLARIES	1	0		6,770.11	.00	.000	6770.11	.02
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	228	1,451		45,489.05	31.35	.005	199.51	.15
MEDICAL	65	110		3,509.90	31.91	.000	54.00	.01
SURGERY	45	72		2,307.48	32.05	.000	51.28	.01
PATHOLOGY	87	552		8,010.57	14.51	.002	92.08	.03
RADIOLOGY	45	87		8,185.16	94.08	.000	181.89	.03
ROOM USE	117	238		11,579.81	48.65	.001	98.97	.04
CROSSOVERS/ALL OTH OUTPTNT	145	392		11,896.13	30.35	.001	82.04	.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,671
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
312,503 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	23,559	153,879	\$ 35,487,908.04	\$ 230.62	.492	\$ 1506.34	\$ 113.56	
COMM HOSP INPATIENT TOTAL	4,457	24,764	32,256,425.92	1302.55	.079	7237.25	103.22	
HSC HOSPITALS	3,900	22,612	29,358,260.16	1298.35	.072	7527.76	93.95	
NON-HSC HOSPITALS TOTAL	256	2,152	2,531,358.04	1176.28	.007	9888.12	8.10	
ACCOMMODATIONS	249	2,152	1,142,166.60	530.75	.007	4587.01	3.65	

ADMINISTRATIVE DAYS	11	102		15,429.88	151.27	.000	1402.72	.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	238	2,050		1,126,736.72	549.63	.007	4734.19	3.61
ANCILLARIES	254	0		1,389,191.44	.00	.000	5469.26	4.45
INPATIENT CROSSOVERS	368	0		366,807.72	.00	.000	996.76	1.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20,770	129,115		3,231,482.12	25.03	.413	155.58	10.34
MEDICAL	3,376	5,045		230,250.13	45.64	.016	68.20	.74
SURGERY	1,477	1,956		84,431.55	43.17	.006	57.16	.27
PATHOLOGY	7,152	45,309		380,517.30	8.40	.145	53.20	1.22
RADIOLOGY	4,558	7,534		645,279.76	85.65	.024	141.57	2.06
ROOM USE	10,651	15,076		577,714.70	38.32	.048	54.24	1.85
CROSSOVERS/ALL OTH OUTPTNT	11,148	54,195		1,313,288.68	24.23	.173	117.80	4.20
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1,450	38,508	\$	5,509,031.85	143.06	.123	3799.33	17.63
LEV A-INTERMEDIATE	36	1,279		102,491.80	80.13	.004	2846.99	.33
LEV B-REHAB MD	15	515		65,378.55	126.95	.002	4358.57	.21
LEV B-SUBACUTE FREESTANDING	6	247		137,915.87	558.36	.001	22985.98	.44
LEV B-SUBACUTE HSPTL BASED	22	700		393,154.98	561.65	.002	17870.68	1.26
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,375	35,767		4,810,090.65	134.48	.114	3498.25	15.39
@INTERMEDIATE CARE FACIL.-DD	65	2,114	\$	379,093.70	179.33	.007	5832.21	1.21
ICF DDH	41	1,398		231,763.48	165.78	.004	5652.77	.74
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	24	716		147,330.22	205.77	.002	6138.76	.47
@HEMODIALYSIS TOTAL	1,303	56,283	\$	1,866,090.04	33.16	.180	1432.15	5.97
HOSPITAL BASED	9	100		19,725.46	197.25	.000	2191.72	.06
HEMODIALYSIS CENTER	1,294	56,183		1,846,364.58	32.86	.180	1426.87	5.91
@REHABILITATION FACILITY	519	5,690	\$	105,495.68	18.54	.018	203.27	.34
HOSPITAL BASED	161	754		22,213.53	29.46	.002	137.97	.07
INDEPENDENT FACILITY	359	4,936		83,282.15	16.87	.016	231.98	.27
@LABORATORY FACILITY	11,663	40,898	\$	490,423.37	11.99	.131	42.05	1.57
PATHOLOGY	11,584	40,606		488,517.00	12.03	.130	42.17	1.56
XO AND OTHERS	81	292		1,906.37	6.53	.001	23.54	.01
@ORGANIZED OUTPATIENT CLINIC	8,480	26,691	\$	1,064,000.04	39.86	.085	125.47	3.40
CLINIC	6,059	21,238		583,004.94	27.45	.068	96.22	1.87
SURGICENTER	437	2,135		99,135.76	46.43	.007	226.86	.32
HEROIN DETOX CLINIC	16	190		2,098.32	11.04	.001	131.15	.01
RURAL HEALTH CLINIC	1,982	3,128		379,761.02	121.41	.010	191.60	1.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,672
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							

----- MONTHLY AVERAGE -----								
312,503 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	37,172	1,175,260	\$ 5,515,893.96	\$ 4.69	3.761	\$ 148.39	\$ 17.65	
DURABLE MED. EQUIP.	1,034	5,175	495,124.79	95.68	.017	478.84	1.58	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	58	72	31,235.72	433.83	.000	538.55	.10	
MEDICAL TRANSPORTATION	3,496	190,791	880,418.86	4.61	.611	251.84	2.82	
AMBULANCES/AIR TRANS	2,018	15,230	255,987.68	16.81	.049	126.85	.82	
OTHER TRANS	1,300	174,089	576,169.70	3.31	.557	443.21	1.84	
OTHER SERVICES	279	1,472	48,261.48	32.79	.005	172.98	.15	
ACUPUNCTURE	253	517	9,346.51	18.08	.002	36.94	.03	

ADULT DAY HEALTH CARE CTR	712	10,749	739,216.18	68.77	.034	1038.22	2.37
GENETIC DISEASE TESTING	1,483	1,488	156,120.00	104.92	.005	105.27	.50
IHMC,MODEL-NF,NF,AIDS,MSSP	666	13,655	496,052.03	36.33	.044	744.82	1.59
OCCUPATIONAL THERAPIST	1	6	124.19	20.70	.000	124.19	.00
OPTICIAN	8,548	18,311	182,098.54	9.94	.059	21.30	.58
PHYSICAL THERAPIST	79	507	7,175.30	14.15	.002	90.83	.02
PORTABLE X-RAY	80	160	1,392.87	8.71	.001	17.41	.00
PROSTHETIST/ORTHOTISTS	164	519	57,669.10	111.12	.002	351.64	.18
PROSTHETICS	163	517	57,551.18	111.32	.002	353.07	.18
ORTHOTICS	1	2	117.92	58.96	.000	117.92	.00
PSYCHOLOGIST	31	85	1,834.34	21.58	.000	59.17	.01
SPEECH AND AUDIOLOGY	369	1,290	96,661.64	74.93	.004	261.96	.31
HOSPICE SERVICES	121	3,087	416,144.34	134.81	.010	3439.21	1.33
NONINST BIRTHING CENTERS	8	8	8,015.08	1001.89	.000	1001.89	.03
LOCAL EDUCATION AGENCIES	17,211	167,569	1,387,584.13	8.28	.536	80.62	4.44
EPSDT SUPPLEMENTAL SERVICE	91	6,946	203,773.67	29.34	.022	2239.27	.65
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,105	754,325	345,906.67	.46	2.414	84.26	1.11
@CALIF. CHILDREN SERVICES*	4,834	137,498	\$ 9,673,659.77	\$ 70.35	.440	\$ 2001.17	\$ 30.96
@XOVER EXCLUDING STATE HOSP**	13,816	119,138	\$ 2,315,056.83	\$ 19.43	.381	\$ 167.56	\$ 7.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,673
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED

AID CODE 17 1Y

1,029 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,288	55,826	\$ 1,852,650.84	\$ 33.19	54.253	\$ 1438.39	\$ 1800.44
@PHYSICIANS SERVICES	163	464	\$ 9,268.39	\$ 19.97	.451	\$ 56.86	\$ 9.01
OUTPATIENT VISITS	7	10	362.35	36.24	.010	51.76	.35
OFFICE VISITS	5	7	256.80	36.69	.007	51.36	.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.001	68.35	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	37.20	18.60	.002	18.60	.04
INPATIENT VISITS	4	9	434.86	48.32	.009	108.72	.42
HOSPITAL VISITS	2	6	310.46	51.74	.006	155.23	.30
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	3	124.40	41.47	.003	62.20	.12
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2	624.34	312.17	.002	624.34	.61
PRINCIPAL SURGEON	1	2	624.34	312.17	.002	624.34	.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	66.12	22.04	.003	22.04	.06

RADIOLOGY	5	9	490.81	54.53	.009	98.16	.48
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	1,339.47	1339.47	.001	1339.47	1.30
OTHER SERVICES/ALL X-OVERS	152	430	5,950.44	13.84	.418	39.15	5.78
@PHARMACY	823	21,582	\$ 362,758.58	\$ 16.81	20.974	\$ 440.78	\$ 352.54
PRESCRIPTION DRUGS	800	5,650	355,568.77	62.93	5.491	444.46	345.55
SNF/ICF	414	3,656	177,993.99	48.69	3.553	429.94	172.98
OUTPATIENTS	399	1,994	177,574.78	89.05	1.938	445.05	172.57
MEDICAL SUPPLIES	78	15,932	7,189.81	.45	15.483	92.18	6.99
@DENTIST	115	421	\$ 10,141.75	\$ 24.09	.409	\$ 88.19	\$ 9.86
VISITS - DIAGNOSTIC	86	268	1,760.00	6.57	.260	20.47	1.71
ORAL SURGERY	18	68	1,883.50	27.70	.066	104.64	1.83
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	2	.00	.00	.002	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	330.00	165.00	.002	165.00	.32
RESTORATIVE DENTISTRY	9	15	172.00	11.47	.015	19.11	.17
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	24	55	5,966.25	108.48	.053	248.59	5.80
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	10	.00	.00	.010	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOPO24	FEE-FOR-SERVICE/DENTAL						
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED						
				AID CODE 17 1Y			
				----- MONTHLY AVERAGE -----			
1,029 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@OPTOMETRIST	12	25	\$ 427.70	\$ 17.11	.024	\$ 35.64	\$.42
DIAGNOSTIC AND ANC. PROCED	5	5	87.50	17.50	.005	17.50	.09
EYE APPLIANCES	7	20	340.20	17.01	.019	48.60	.33
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	20	28	\$ 138.19	\$ 4.94	.027	\$ 6.91	\$.13
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	20	28	138.19	4.94	.027	6.91	.13
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	9	\$ 21.24	\$ 2.36	.009	\$ 21.24	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	99	1,095	\$ 47,913.68	\$ 43.76	1.064	\$ 483.98	\$ 46.56
HOSP INPATIENT TOTAL	18	23	37,616.18	1635.49	.022	2089.79	36.56
HSC HOSPITALS	3	23	24,629.43	1070.84	.022	8209.81	23.94
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	15	0	12,986.75	.00	.000	865.78	12.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	84	1,072	10,297.50	9.61	1.042	122.59	10.01
MEDICAL	6	8	216.14	27.02	.008	36.02	.21
SURGERY	1	1	21.64	21.64	.001	21.64	.02
PATHOLOGY	6	50	238.51	4.77	.049	39.75	.23
RADIOLOGY	3	19CR	879.46CR	46.29	.018CR	293.15CR	.85CR
ROOM USE	4	5	112.17	22.43	.005	28.04	.11
CROSSOVERS/ALL OTH OUTPTNT	75	1,027	10,588.50	10.31	.998	141.18	10.29
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,675
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
1,029 ELIGIBLES							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	99	1,095	\$	47,913.68	\$ 43.76	1.064	\$ 483.98	\$ 46.56
COMM HOSP INPATIENT TOTAL	18	23		37,616.18	1635.49	.022	2089.79	36.56
HSC HOSPITALS	3	23		24,629.43	1070.84	.022	8209.81	23.94
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	15	0		12,986.75	.00	.000	865.78	12.62
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	84	1,072		10,297.50	9.61	1.042	122.59	10.01
MEDICAL	6	8		216.14	27.02	.008	36.02	.21
SURGERY	1	1		21.64	21.64	.001	21.64	.02
PATHOLOGY	6	50		238.51	4.77	.049	39.75	.23
RADIOLOGY	3	19CR		879.46CR	46.29	.018CR	293.15CR	.85CR
ROOM USE	4	5		112.17	22.43	.005	28.04	.11
CROSSOVERS/ALL OTH OUTPTNT	75	1,027		10,588.50	10.31	.998	141.18	10.29
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	426	12,984	\$	1,363,522.95	\$ 105.02	12.618	\$ 3200.76	\$ 1325.10
LEV A-INTERMEDIATE	3	152		7,249.88	47.70	.148	2416.63	7.05
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	424	12,832		1,356,273.07	105.69	12.470	3198.76	1318.05
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	20	\$	5,964.81	\$ 298.24	.019	\$ 596.48	\$ 5.80
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	20		5,964.81	298.24	.019	596.48	5.80
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	7	\$	78.22	\$ 11.17	.007	\$ 26.07	\$.08
PATHOLOGY	2	6		75.36	12.56	.006	37.68	.07
XO AND OTHERS	1	1		2.86	2.86	.001	2.86	.00
@ORGANIZED OUTPATIENT CLINIC	6	6	\$	524.76	\$ 87.46	.006	\$ 87.46	\$.51
CLINIC	2	2		50.54	25.27	.002	25.27	.05
SURGICENTER	2	2		404.18	202.09	.002	202.09	.39
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		70.04	35.02	.002	35.02	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,676
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED							
					AID CODE 17 1Y			
						----- MONTHLY AVERAGE -----		
1,029 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	170	19,185	\$	51,890.57	\$ 2.70	18.644	\$ 305.24	\$ 50.43
DURABLE MED. EQUIP.	10	226		12,407.87	54.90	.220	1240.79	12.06
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	4	1	624.84	624.84	.001	156.21	.61
MEDICAL TRANSPORTATION	82	5,424	16,441.21	3.03	5.271	200.50	15.98
AMBULANCES/AIR TRANS	4	50	456.23	9.12	.049	114.06	.44
OTHER TRANS	73	5,342	15,798.19	2.96	5.191	216.41	15.35
OTHER SERVICES	5	32	186.79	5.84	.031	37.36	.18
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	13	825.88	63.53	.013	275.29	.80
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	20	238.32	11.92	.019	23.83	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	10	25	15.45	.62	.024	1.55	.02
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	.33	.33	.001	.33	.00
SPEECH AND AUDIOLOGY	4	4	2,680.16	670.04	.004	670.04	2.60
HOSPICE SERVICES	9	180	14,827.93	82.38	.175	1647.55	14.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	43	13,291	3,828.58	.29	12.916	89.04	3.72
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	334	4,556	\$ 145,900.72	\$ 32.02	4.428	\$ 436.83	\$ 141.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND

PAGE 10,677
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,678
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,679
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,680
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 10,681
03/14/05

1,945 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	2,784	71,002	\$ 4,563,691.28	\$ 64.28	36.505	\$ 1639.26	\$ 2346.37
@PHYSICIANS SERVICES	910	6,900	\$ 273,438.58	\$ 39.63	3.548	\$ 300.48	\$ 140.59
OUTPATIENT VISITS	280	402	19,146.84	47.63	.207	68.38	9.84
OFFICE VISITS	110	145	4,316.81	29.77	.075	39.24	2.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	135	179	12,927.75	72.22	.092	95.76	6.65
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	54	78	1,902.28	24.39	.040	35.23	.98
INPATIENT VISITS	142	1,539	59,478.37	38.65	.791	418.86	30.58
HOSPITAL VISITS	137	1,486	54,853.38	36.91	.764	400.39	28.20
CRITICAL CARE	12	44	4,372.86	99.38	.023	364.41	2.25
SNF/ICF/TRANS IP CARE	6	9	252.13	28.01	.005	42.02	.13
OPHTHALMOLOGICAL SERVICES	6	7	190.67	27.24	.004	31.78	.10

EXAMINATIONS	6	7	190.67	27.24	.004	31.78	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	93	625	56,453.16	90.33	.321	607.02	29.02
PRINCIPAL SURGEON	69	135	43,013.79	318.62	.069	623.39	22.12
ASSISTANT SURGEON	7	7	2,642.37	377.48	.004	377.48	1.36
ANESTHESIOLOGIST	33	483	10,797.00	22.35	.248	327.18	5.55
OUTPATIENT SURGERY	63	165	16,629.56	100.79	.085	263.96	8.55
PRINCIPAL SURGEON	52	73	14,192.35	194.42	.038	272.93	7.30
ASSISTANT SURGEON	1	1	232.32	232.32	.001	232.32	.12
ANESTHESIOLOGIST	14	91	2,204.89	24.23	.047	157.49	1.13
DIALYSIS	18	98	4,876.42	49.76	.050	270.91	2.51
PATHOLOGY	70	310	7,838.95	25.29	.159	111.99	4.03
RADIOLOGY	235	967	62,420.69	64.55	.497	265.62	32.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	15	1,172	8,053.82	6.87	.603	536.92	4.14
OTHER SERVICES/ALL X-OVERS	527	1,615	38,350.10	23.75	.830	72.77	19.72
@PHARMACY	1,743	33,041	\$ 1,974,939.01	\$ 59.77	16.988	\$ 1133.07	\$ 1015.39
PRESCRIPTION DRUGS	1,708	11,723	1,950,186.65	166.36	6.027	1141.80	1002.67
SNF/ICF	97	816	57,702.04	70.71	.420	594.87	29.67
OUTPATIENTS	1,631	10,907	1,892,484.61	173.51	5.608	1160.32	973.00
MEDICAL SUPPLIES	137	21,318	24,752.36	1.16	10.960	180.67	12.73
@DENTIST	188	872	\$ 28,736.50	\$ 32.95	.448	\$ 152.85	\$ 14.77
VISITS - DIAGNOSTIC	120	430	3,717.00	8.64	.221	30.98	1.91
ORAL SURGERY	41	179	7,994.00	44.66	.092	194.98	4.11
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	8	9	754.00	83.78	.005	94.25	.39
ENDODONTICS	8	10	1,256.00	125.60	.005	157.00	.65
RESTORATIVE DENTISTRY	36	116	5,431.50	46.82	.060	150.88	2.79
PROSTHETICS	3	3	80.00	26.67	.002	26.67	.04
DENTURES, STAYPLATES	28	113	9,504.00	84.11	.058	339.43	4.89
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	12	.00	.00	.006	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 10,682
03/14/05

1,945 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	59	\$ 1,274.41	\$ 21.60	.030	\$ 70.80	\$.66
DIAGNOSTIC AND ANC. PROCED	12	12	534.52	44.54	.006	44.54	.27
EYE APPLIANCES	16	47	739.89	15.74	.024	46.24	.38
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	28	41	\$ 442.64	\$ 10.80	.021	\$ 15.81	\$.23
MEDICINE/INJECTIONS	1	1	22.00	22.00	.001	22.00	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	27	40	420.64	10.52	.021	15.58	.22
@HOME HEALTH AGENCY	27	369	\$ 15,520.50	\$ 42.06	.190	\$ 574.83	\$ 7.98
NURSE ANESTHESIST	2	21	\$ 54.23	\$ 2.58	.011	\$ 27.12	\$.03

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	501	7,530	\$	1,608,802.10	\$	213.65	3.871	\$	3211.18	\$	827.15
HOSP INPATIENT TOTAL	136	1,109		1,386,881.24		1250.57	.570		10197.66		713.05
HSC HOSPITALS	106	1,075		1,298,894.70		1208.27	.553		12253.72		667.81
NON-HSC HOSPITAL TOTAL	8	34		65,331.22		1921.51	.017		8166.40		33.59
ACCOMMODATIONS	8	34		15,775.50		463.99	.017		1971.94		8.11
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	34		15,775.50		463.99	.017		1971.94		8.11
ANCILLARIES	8	0		49,555.72		.00	.000		6194.47		25.48
INPATIENT CROSSOVERS	23	0		22,655.32		.00	.000		985.01		11.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	410	6,421		221,920.86		34.56	3.301		541.27		114.10
MEDICAL	108	177		12,866.57		72.69	.091		119.13		6.62
SURGERY	20	22		1,146.86		52.13	.011		57.34		.59
PATHOLOGY	152	1,717		11,077.52		6.45	.883		72.88		5.70
RADIOLOGY	112	204		18,871.10		92.51	.105		168.49		9.70
ROOM USE	199	398		14,268.89		35.85	.205		71.70		7.34
CROSSOVERS/ALL OTH OUTPTNT	273	3,903		163,689.92		41.94	2.007		599.60		84.16
@COUNTY HOSPITAL TOTAL	2	12	\$	1,718.22	\$	143.19	.006	\$	859.11	\$	.88
CO HOSPITAL INPATIENT TOTAL	1	1		1,718.22		1718.22	.001		1718.22		.88
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	1		1,718.22		1718.22	.001		1718.22		.88
ACCOMMODATIONS	1	1		534.60		534.60	.001		534.60		.27
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		534.60		534.60	.001		534.60		.27
ANCILLARIES	1	0		1,183.62		.00	.000		1183.62		.61
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	11		.00		.00	.006		.00		.00
MEDICAL	1	1		.00		.00	.001		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	6		.00		.00	.003		.00		.00
RADIOLOGY	1	1		.00		.00	.001		.00		.00
ROOM USE	1	1		.00		.00	.001		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	2		.00		.00	.001		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - DISABLED

AID CODES 65 67 6W 6Y

	1,945 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	501	7,518	\$	1,607,083.88	\$ 213.76	3.865	\$ 3207.75	\$ 826.26
COMM HOSP INPATIENT TOTAL	135	1,108		1,385,163.02	1250.15	.570	10260.47	712.17
HSC HOSPITALS	106	1,075		1,298,894.70	1208.27	.553	12253.72	667.81
NON-HSC HOSPITALS TOTAL	7	33		63,613.00	1927.67	.017	9087.57	32.71
ACCOMMODATIONS	7	33		15,240.90	461.85	.017	2177.27	7.84
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	33		15,240.90	461.85	.017	2177.27	7.84
ANCILLARIES	7	0		48,372.10	.00	.000	6910.30	24.87
INPATIENT CROSSOVERS	23	0		22,655.32	.00	.000	985.01	11.65
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	410	6,410		221,920.86	34.62	3.296	541.27	114.10
MEDICAL	107	176		12,866.57	73.11	.090	120.25	6.62
SURGERY	20	22		1,146.86	52.13	.011	57.34	.59
PATHOLOGY	151	1,711		11,077.52	6.47	.880	73.36	5.70
RADIOLOGY	112	203		18,871.10	92.96	.104	168.49	9.70
ROOM USE	199	397		14,268.89	35.94	.204	71.70	7.34
CROSSOVERS/ALL OTH OUTPTNT	273	3,901		163,689.92	41.96	2.006	599.60	84.16
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	79	1,890	\$	374,452.00	\$ 198.12	.972	\$ 4739.90	\$ 192.52
LEV A-INTERMEDIATE	6	275		14,884.50	54.13	.141	2480.75	7.65
LEV B-REHAB MD	2	69		6,875.08	99.64	.035	3437.54	3.53
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	345		187,224.53	542.68	.177	20802.73	96.26
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	65	1,201		165,467.89	137.78	.617	2545.66	85.07
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	118	1,554	\$	84,077.44	\$ 54.10	.799	\$ 712.52	\$ 43.23
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	118	1,554		84,077.44	54.10	.799	712.52	43.23
@REHABILITATION FACILITY	5	12	\$	377.57	\$ 31.46	.006	\$ 75.51	\$.19
HOSPITAL BASED	5	12		377.57	31.46	.006	75.51	.19
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	82	595	\$	6,902.31	\$ 11.60	.306	\$ 84.17	\$ 3.55
PATHOLOGY	75	556		6,765.60	12.17	.286	90.21	3.48
XO AND OTHERS	7	39		136.71	3.51	.020	19.53	.07
@ORGANIZED OUTPATIENT CLINIC	101	324	\$	4,741.88	\$ 14.64	.167	\$ 46.95	\$ 2.44
CLINIC	84	256		2,353.18	9.19	.132	28.01	1.21
SURGICENTER	5	52		1,250.40	24.05	.027	250.08	.64
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	16		1,138.30	71.14	.008	94.86	.59

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

	1,945 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	329	17,794	\$	189,932.11	\$ 10.67	9.149	\$ 577.30	\$ 97.65
DURABLE MED. EQUIP.	18	42		16,463.21	391.98	.022	914.62	8.46
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	118	8,492		33,835.44	3.98	4.366	286.74	17.40
AMBULANCES/AIR TRANS	55	401		7,259.71	18.10	.206	131.99	3.73
OTHER TRANS	63	8,078		26,559.56	3.29	4.153	421.58	13.66
OTHER SERVICES	3	13		16.17	1.24	.007	5.39	.01
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	22	405		18,849.43	46.54	.208	856.79	9.69
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	82	2,712		80,486.43	29.68	1.394	981.54	41.38
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	21	46		521.81	11.34	.024	24.85	.27
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	11	75	8,833.60	117.78	.039	803.05	4.54
PROSTHETICS	11	75	8,833.60	117.78	.039	803.05	4.54
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	143.62	35.91	.002	71.81	.07
HOSPICE SERVICES	11	201	24,408.23	121.43	.103	2218.93	12.55
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	81	5,817	6,390.34	1.10	2.991	78.89	3.29
@CALIF. CHILDREN SERVICES*	10	123	\$ 10,701.93	\$ 87.01	.063	\$ 1070.19	\$ 5.50
@XOVER EXCLUDING STATE HOSP**	603	9,524	\$ 176,008.65	\$ 18.48	4.897	\$ 291.89	\$ 90.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,685
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37	

1,967 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,593	17,218	\$ 1,434,910.56	\$ 83.34	8.753	\$ 553.38	\$ 729.49
@PHYSICIANS SERVICES	1,357	5,459	\$ 244,540.98	\$ 44.80	2.775	\$ 180.21	\$ 124.32
OUTPATIENT VISITS	763	966	44,521.56	46.09	.491	58.35	22.63
OFFICE VISITS	290	389	11,622.95	29.88	.198	40.08	5.91
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	428	470	28,726.76	61.12	.239	67.12	14.60
PREVENTIVE CARE	3	3	123.87	41.29	.002	41.29	.06
OB VISITS/COMPRE PERI	16	33	2,291.73	69.45	.017	143.23	1.17

OTHER OUTPATIENT	57	71	1,756.25	24.74	.036	30.81	.89
INPATIENT VISITS	159	582	29,507.37	50.70	.296	185.58	15.00
HOSPITAL VISITS	158	536	23,209.07	43.30	.272	146.89	11.80
CRITICAL CARE	7	46	6,298.30	136.92	.023	899.76	3.20
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	15	547.58	36.51	.008	60.84	.28
EXAMINATIONS	9	11	434.66	39.51	.006	48.30	.22
SERVICES AND MATERIALS	1	4	112.92	28.23	.002	112.92	.06
INPATIENT HOSPITAL SURGERY	126	711	53,996.95	75.95	.361	428.55	27.45
PRINCIPAL SURGEON	90	136	40,181.05	295.45	.069	446.46	20.43
ASSISTANT SURGEON	5	5	788.35	157.67	.003	157.67	.40
ANESTHESIOLOGIST	56	570	13,027.55	22.86	.290	232.63	6.62
OUTPATIENT SURGERY	138	287	24,307.52	84.70	.146	176.14	12.36
PRINCIPAL SURGEON	119	135	20,456.98	151.53	.069	171.91	10.40
ASSISTANT SURGEON	1	1	93.08	93.08	.001	93.08	.05
ANESTHESIOLOGIST	30	151	3,757.46	24.88	.077	125.25	1.91
DIALYSIS	6	33	1,720.36	52.13	.017	286.73	.87
PATHOLOGY	115	220	5,440.45	24.73	.112	47.31	2.77
RADIOLOGY	497	1,140	38,258.63	33.56	.580	76.98	19.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	21	913	26,650.00	29.19	.464	1269.05	13.55
OTHER SERVICES/ALL X-OVERS	275	592	19,590.56	33.09	.301	71.24	9.96
@PHARMACY	624	2,030	\$ 162,929.36	\$ 80.26	1.032	\$ 261.10	\$ 82.83
PRESCRIPTION DRUGS	615	1,724	131,305.93	76.16	.876	213.51	66.75
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	615	1,724	131,305.93	76.16	.876	213.51	66.75
MEDICAL SUPPLIES	28	306	31,623.43	103.34	.156	1129.41	16.08
@DENTIST	201	1,153	\$ 32,370.98	\$ 28.08	.586	\$ 161.05	\$ 16.46
VISITS - DIAGNOSTIC	147	674	5,911.00	8.77	.343	40.21	3.01
ORAL SURGERY	48	129	5,753.00	44.60	.066	119.85	2.92
DRUGS	2	3	50.00	16.67	.002	25.00	.03
ANESTHESIA	2	2	100.00	50.00	.001	50.00	.05
PERIODONTICS	13	14	1,205.00	86.07	.007	92.69	.61
ENDODONTICS	23	31	6,021.00	194.23	.016	261.78	3.06
RESTORATIVE DENTISTRY	71	241	10,874.98	45.12	.123	153.17	5.53
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	6	35	1,730.00	49.43	.018	288.33	.88
SPACE MAINTAINERS	3	3	156.00	52.00	.002	52.00	.08
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	7	13	540.00	41.54	.007	77.14	.27
ALL OTHER SERVICES	4	7	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,686
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37						

1,967 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	24	79	\$ 1,469.93	\$ 18.61	.040	\$ 61.25	\$.75
DIAGNOSTIC AND ANC. PROCED	16	21	663.35	31.59	.011	41.46	.34
EYE APPLIANCES	20	58	806.58	13.91	.029	40.33	.41
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	8	\$ 414.83	\$ 51.85	.004	\$ 69.14	\$.21

MEDICINE/INJECTIONS	3	4		162.40	40.60	.002	54.13	.08
SURGERY/ANES.	1	1		183.92	183.92	.001	183.92	.09
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	3		68.51	22.84	.002	34.26	.03
@HOME HEALTH AGENCY	1	5	\$	374.30	74.86	.003	374.30	.19
NURSE ANESTHESIST	1	13	\$	96.78	7.44	.007	96.78	.05
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$	18.10	18.10	.001	18.10	.01
@TOTAL HOSPITAL	863	6,259	\$	941,851.76	150.48	3.182	1091.37	478.83
HOSP INPATIENT TOTAL	163	724		830,452.42	1147.03	.368	5094.80	422.19
HSC HOSPITALS	155	689		789,358.21	1145.66	.350	5092.63	401.30
NON-HSC HOSPITAL TOTAL	9	35		41,094.21	1174.12	.018	4566.02	20.89
ACCOMMODATIONS	9	35		18,142.70	518.36	.018	2015.86	9.22
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	35		18,142.70	518.36	.018	2015.86	9.22
ANCILLARIES	9	0		22,951.51	.00	.000	2550.17	11.67
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	731	5,535		111,399.34	20.13	2.814	152.39	56.63
MEDICAL	241	382		10,775.51	28.21	.194	44.71	5.48
SURGERY	92	96		2,703.19	28.16	.049	29.38	1.37
PATHOLOGY	367	2,538		18,158.87	7.15	1.290	49.48	9.23
RADIOLOGY	322	535		37,005.81	69.17	.272	114.92	18.81
ROOM USE	561	710		20,931.60	29.48	.361	37.31	10.64
CROSSOVERS/ALL OTH OUTPTNT	363	1,274		21,824.36	17.13	.648	60.12	11.10
@COUNTY HOSPITAL TOTAL	7	39	\$	1,116.02	28.62	.020	159.43	.57
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	39		1,116.02	28.62	.020	159.43	.57
MEDICAL	2	4		182.40	45.60	.002	91.20	.09
SURGERY	1	2		75.94	37.97	.001	75.94	.04
PATHOLOGY	4	23		438.29	19.06	.012	109.57	.22
RADIOLOGY	2	2		140.96	70.48	.001	70.48	.07
ROOM USE	5	5		197.37	39.47	.003	39.47	.10
CROSSOVERS/ALL OTH OUTPTNT	2	3		81.06	27.02	.002	40.53	.04

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	1,967 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	857	6,220	\$	940,735.74	\$ 151.24	3.162	\$ 1097.71	\$ 478.26
COMM HOSP INPATIENT TOTAL	163	724		830,452.42	1147.03	.368	5094.80	422.19
HSC HOSPITALS	155	689		789,358.21	1145.66	.350	5092.63	401.30
NON-HSC HOSPITALS TOTAL	9	35		41,094.21	1174.12	.018	4566.02	20.89
ACCOMMODATIONS	9	35		18,142.70	518.36	.018	2015.86	9.22

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	35	18,142.70	518.36	.018	2015.86	9.22
ANCILLARIES	9	0	22,951.51	.00	.000	2550.17	11.67
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	725	5,496	110,283.32	20.07	2.794	152.11	56.07
MEDICAL	239	378	10,593.11	28.02	.192	44.32	5.39
SURGERY	91	94	2,627.25	27.95	.048	28.87	1.34
PATHOLOGY	363	2,515	17,720.58	7.05	1.279	48.82	9.01
RADIOLOGY	320	533	36,864.85	69.16	.271	115.20	18.74
ROOM USE	556	705	20,734.23	29.41	.358	37.29	10.54
CROSSOVERS/ALL OTH OUTPTNT	361	1,271	21,743.30	17.11	.646	60.23	11.05
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	1,080.50	.00	.000	1080.50	.55
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	1,080.50	.00	.000	1080.50	.55
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	147	14,006.79	95.28	.075	2334.47	7.12
HOSPITAL BASED	1	3	5,919.16	1973.05	.002	5919.16	3.01
HEMODIALYSIS CENTER	5	144	8,087.63	56.16	.073	1617.53	4.11
@REHABILITATION FACILITY	7	17	365.71	21.51	.009	52.24	.19
HOSPITAL BASED	7	17	365.71	21.51	.009	52.24	.19
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	146	598	6,491.59	10.86	.304	44.46	3.30
PATHOLOGY	146	598	6,491.59	10.86	.304	44.46	3.30
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	52	202	5,489.04	27.17	.103	105.56	2.79
CLINIC	33	115	2,235.91	19.44	.058	67.75	1.14
SURGICENTER	13	80	2,269.24	28.37	.041	174.56	1.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	7	983.89	140.56	.004	163.98	.50

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 10,688
03/14/05

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,967 ELIGIBLES							
@ALL OTHER PROVIDERS	176	1,247	\$ 23,409.91	\$ 18.77	.634	\$ 133.01	\$ 11.90
DURABLE MED. EQUIP.	10	15	797.49	53.17	.008	79.75	.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	113	989	17,344.42	17.54	.503	153.49	8.82
AMBULANCES/AIR TRANS	112	686	12,894.18	18.80	.349	115.13	6.56
OTHER TRANS	1	300	840.36	2.80	.153	840.36	.43
OTHER SERVICES	3	3	3,609.88	1203.29	.002	1203.29	1.84
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	420.00	105.00	.002	105.00	.21
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	34	324.58	9.55	.017	20.29	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	336.00	168.00	.001	168.00	.17
PROSTHETICS	2	2	336.00	168.00	.001	168.00	.17
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	75.96	75.96	.001	75.96	.04
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	13	1,422.85	109.45	.007	1422.85	.72
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	29	189	2,688.61	14.23	.096	92.71	1.37
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	40	465	\$ 172,575.22	\$ 371.13	.236	\$ 4314.38	\$ 87.74
@XOVER EXCLUDING STATE HOSP**	8	24	\$ 2,706.09	\$ 112.75	.012	\$ 338.26	\$ 1.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,689
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

4,941 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,665	144,046	\$ 7,851,252.68	\$ 54.51	29.153	\$ 1177.98	\$ 1589.00
@PHYSICIANS SERVICES	2,430	12,823	\$ 527,247.95	\$ 41.12	2.595	\$ 216.97	\$ 106.71
OUTPATIENT VISITS	1,050	1,378	64,030.75	46.47	.279	60.98	12.96
OFFICE VISITS	405	541	16,196.56	29.94	.109	39.99	3.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	564	650	41,722.86	64.19	.132	73.98	8.44
PREVENTIVE CARE	3	3	123.87	41.29	.001	41.29	.03
OB VISITS/COMPRE PERI	16	33	2,291.73	69.45	.007	143.23	.46
OTHER OUTPATIENT	113	151	3,695.73	24.48	.031	32.71	.75
INPATIENT VISITS	305	2,130	89,420.60	41.98	.431	293.18	18.10
HOSPITAL VISITS	297	2,028	78,372.91	38.65	.410	263.88	15.86
CRITICAL CARE	19	90	10,671.16	118.57	.018	561.64	2.16
SNF/ICF/TRANS IP CARE	8	12	376.53	31.38	.002	47.07	.08
OPHTHALMOLOGICAL SERVICES	15	22	738.25	33.56	.004	49.22	.15
EXAMINATIONS	15	18	625.33	34.74	.004	41.69	.13
SERVICES AND MATERIALS	1	4	112.92	28.23	.001	112.92	.02
INPATIENT HOSPITAL SURGERY	220	1,338	111,074.45	83.02	.271	504.88	22.48
PRINCIPAL SURGEON	160	273	83,819.18	307.03	.055	523.87	16.96
ASSISTANT SURGEON	12	12	3,430.72	285.89	.002	285.89	.69
ANESTHESIOLOGIST	89	1,053	23,824.55	22.63	.213	267.69	4.82
OUTPATIENT SURGERY	201	452	40,937.08	90.57	.091	203.67	8.29
PRINCIPAL SURGEON	171	208	34,649.33	166.58	.042	202.63	7.01
ASSISTANT SURGEON	2	2	325.40	162.70	.000	162.70	.07
ANESTHESIOLOGIST	44	242	5,962.35	24.64	.049	135.51	1.21
DIALYSIS	24	131	6,596.78	50.36	.027	274.87	1.34
PATHOLOGY	188	533	13,345.52	25.04	.108	70.99	2.70

RADIOLOGY	737	2,116		101,170.13	47.81	.428	137.27	20.48	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	37	2,086		36,043.29	17.28	.422	974.14	7.29	
OTHER SERVICES/ALL X-OVERS	954	2,637		63,891.10	24.23	.534	66.97	12.93	
@PHARMACY	3,190	56,653	\$	2,500,626.95	\$ 44.14	11.466	\$ 783.90	\$ 506.10	
PRESCRIPTION DRUGS	3,123	19,097		2,437,061.35	127.61	3.865	780.36	493.23	
SNF/ICF	511	4,472		235,696.03	52.70	.905	461.24	47.70	
OUTPATIENTS	2,645	14,625		2,201,365.32	150.52	2.960	832.27	445.53	
MEDICAL SUPPLIES	243	37,556		63,565.60	1.69	7.601	261.59	12.86	
@DENTIST	504	2,446	\$	71,249.23	\$ 29.13	.495	\$ 141.37	\$ 14.42	
VISITS - DIAGNOSTIC	353	1,372		11,388.00	8.30	.278	32.26	2.30	
ORAL SURGERY	107	376		15,630.50	41.57	.076	146.08	3.16	
DRUGS	2	3		50.00	16.67	.001	25.00	.01	
ANESTHESIA	3	4		100.00	25.00	.001	33.33	.02	
PERIODONTICS	21	23		1,959.00	85.17	.005	93.29	.40	
ENDODONTICS	33	43		7,607.00	176.91	.009	230.52	1.54	
RESTORATIVE DENTISTRY	116	372		16,478.48	44.30	.075	142.06	3.34	
PROSTHETICS	5	5		140.00	28.00	.001	28.00	.03	
DENTURES, STAYPLATES	58	203		17,200.25	84.73	.041	296.56	3.48	
SPACE MAINTAINERS	3	3		156.00	52.00	.001	52.00	.03	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	7	13		540.00	41.54	.003	77.14	.11	
ALL OTHER SERVICES	17	29		.00	.00	.006	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 10,690
MOPO24	FEE-FOR-SERVICE/DENTAL								03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL								

	4,941 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	54	163	\$	3,172.04	\$ 19.46	.033	\$ 58.74	\$.64
DIAGNOSTIC AND ANC. PROCED	33	38		1,285.37	33.83	.008	38.95	.26

EYE APPLIANCES	43	125		1,886.67	15.09	.025	43.88	.38
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	54	77	\$	995.66	12.93	.016	\$ 18.44	\$.20
MEDICINE/INJECTIONS	4	5		184.40	36.88	.001	46.10	.04
SURGERY/ANES.	1	1		183.92	183.92	.000	183.92	.04
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	49	71		627.34	8.84	.014	12.80	.13
@HOME HEALTH AGENCY	28	374	\$	15,894.80	42.50	.076	\$ 567.67	\$ 3.22
NURSE ANESTHESIST	4	43	\$	172.25	4.01	.009	\$ 43.06	\$.03
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	18.10	18.10	.000	\$ 18.10	\$.00
@TOTAL HOSPITAL	1,463	14,884	\$	2,598,567.54	174.59	3.012	\$ 1776.19	\$ 525.92
HOSP INPATIENT TOTAL	317	1,856		2,254,949.84	1214.95	.376	7113.41	456.38
HSC HOSPITALS	264	1,787		2,112,882.34	1182.36	.362	8003.34	427.62
NON-HSC HOSPITAL TOTAL	17	69		106,425.43	1542.40	.014	6260.32	21.54
ACCOMMODATIONS	17	69		33,918.20	491.57	.014	1995.19	6.86
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	69		33,918.20	491.57	.014	1995.19	6.86
ANCILLARIES	17	0		72,507.23	.00	.000	4265.13	14.67
INPATIENT CROSSOVERS	38	0		35,642.07	.00	.000	937.95	7.21
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,225	13,028		343,617.70	26.38	2.637	280.50	69.54
MEDICAL	355	567		23,858.22	42.08	.115	67.21	4.83
SURGERY	113	119		3,871.69	32.54	.024	34.26	.78
PATHOLOGY	525	4,305		29,474.90	6.85	.871	56.14	5.97
RADIOLOGY	437	720		54,997.45	76.39	.146	125.85	11.13
ROOM USE	764	1,113		35,312.66	31.73	.225	46.22	7.15
CROSSOVERS/ALL OTH OUTPTNT	711	6,204		196,102.78	31.61	1.256	275.81	39.69
@COUNTY HOSPITAL TOTAL	9	51	\$	2,834.24	55.57	.010	\$ 314.92	\$.57
CO HOSPITAL INPATIENT TOTAL	1	1		1,718.22	1718.22	.000	1718.22	.35
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1		1,718.22	1718.22	.000	1718.22	.35
ACCOMMODATIONS	1	1		534.60	534.60	.000	534.60	.11
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		534.60	534.60	.000	534.60	.11
ANCILLARIES	1	0		1,183.62	.00	.000	1183.62	.24
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	50		1,116.02	22.32	.010	139.50	.23
MEDICAL	3	5		182.40	36.48	.001	60.80	.04
SURGERY	1	2		75.94	37.97	.000	75.94	.02
PATHOLOGY	5	29		438.29	15.11	.006	87.66	.09
RADIOLOGY	3	3		140.96	46.99	.001	46.99	.03
ROOM USE	6	6		197.37	32.90	.001	32.90	.04
CROSSOVERS/ALL OTH OUTPTNT	3	5		81.06	16.21	.001	27.02	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

4,941 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS

COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,457	14,833	\$	2,595,733.30	\$ 175.00	3.002	\$ 1781.56 \$ 525.35
COMM HOSP INPATIENT TOTAL	316	1,855		2,253,231.62	1214.68	.375	7130.48 456.03
HSC HOSPITALS	264	1,787		2,112,882.34	1182.36	.362	8003.34 427.62
NON-HSC HOSPITALS TOTAL	16	68		104,707.21	1539.81	.014	6544.20 21.19
ACCOMMODATIONS	16	68		33,383.60	490.94	.014	2086.48 6.76
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
ALL OTHER ACCOM	16	68		33,383.60	490.94	.014	2086.48 6.76
ANCILLARIES	16	0		71,323.61	.00	.000	4457.73 14.44
INPATIENT CROSSOVERS	38	0		35,642.07	.00	.000	937.95 7.21
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	1,219	12,978		342,501.68	26.39	2.627	280.97 69.32
MEDICAL	352	562		23,675.82	42.13	.114	67.26 4.79
SURGERY	112	117		3,795.75	32.44	.024	33.89 .77
PATHOLOGY	520	4,276		29,036.61	6.79	.865	55.84 5.88
RADIOLOGY	435	717		54,856.49	76.51	.145	126.11 11.10
ROOM USE	759	1,107		35,115.29	31.72	.224	46.27 7.11
CROSSOVERS/ALL OTH OUTPTNT	709	6,199		196,021.72	31.62	1.255	276.48 39.67
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00 \$.00
MENTALLY ILL	0	0		.00	.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00 .00
@NURSING FACILITY	506	14,874	\$	1,739,055.45	\$ 116.92	3.010	\$ 3436.87 \$ 351.96
LEV A-INTERMEDIATE	9	427		22,134.38	51.84	.086	2459.38 4.48
LEV B-REHAB MD	2	69		6,875.08	99.64	.014	3437.54 1.39
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	9	345		187,224.53	542.68	.070	20802.73 37.89
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
LEV B-REGULAR	490	14,033		1,522,821.46	108.52	2.840	3107.80 308.20
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00 \$.00
ICF DDH	0	0		.00	.00	.000	.00 .00
ICF DD	0	0		.00	.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00	.00	.000	.00 .00
@HEMODIALYSIS TOTAL	134	1,721	\$	104,049.04	\$ 60.46	.348	\$ 776.49 \$ 21.06
HOSPITAL BASED	1	3		5,919.16	1973.05	.001	5919.16 1.20
HEMODIALYSIS CENTER	133	1,718		98,129.88	57.12	.348	737.82 19.86
@REHABILITATION FACILITY	12	29	\$	743.28	\$ 25.63	.006	\$ 61.94 \$.15
HOSPITAL BASED	12	29		743.28	25.63	.006	61.94 .15
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00 .00
@LABORATORY FACILITY	231	1,200	\$	13,472.12	\$ 11.23	.243	\$ 58.32 \$ 2.73
PATHOLOGY	223	1,160		13,332.55	11.49	.235	59.79 2.70
XO AND OTHERS	8	40		139.57	3.49	.008	17.45 .03
@ORGANIZED OUTPATIENT CLINIC	159	532	\$	10,755.68	\$ 20.22	.108	\$ 67.65 \$ 2.18
CLINIC	119	373		4,639.63	12.44	.075	38.99 .94
SURGICENTER	20	134		3,923.82	29.28	.027	196.19 .79
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00 .00
RURAL HEALTH CLINIC	20	25		2,192.23	87.69	.005	109.61 .44

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - TOTAL

PAGE 10,692 03/14/05

	4,941 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	675	38,226	\$	265,232.59	\$ 6.94	7.736	\$ 392.94	\$ 53.68
DURABLE MED. EQUIP.	38	283		29,668.57	104.84	.057	780.75	6.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	4	1	624.84	624.84	.000	156.21	.13
MEDICAL TRANSPORTATION	313	14,905	67,621.07	4.54	3.017	216.04	13.69
AMBULANCES/AIR TRANS	171	1,137	20,610.12	18.13	.230	120.53	4.17
OTHER TRANS	137	13,720	43,198.11	3.15	2.777	315.31	8.74
OTHER SERVICES	11	48	3,812.84	79.43	.010	346.62	.77
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	25	418	19,675.31	47.07	.085	787.01	3.98
GENETIC DISEASE TESTING	4	4	420.00	105.00	.001	105.00	.09
IHMC,MODEL-NF,NF,AIDS,MSSP	82	2,712	80,486.43	29.68	.549	981.54	16.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	47	100	1,084.71	10.85	.020	23.08	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	10	25	15.45	.62	.005	1.55	.00
PROSTHETIST/ORTHOTISTS	13	77	9,169.60	119.09	.016	705.35	1.86
PROSTHETICS	13	77	9,169.60	119.09	.016	705.35	1.86
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	76.29	38.15	.000	38.15	.02
SPEECH AND AUDIOLOGY	6	8	2,823.78	352.97	.002	470.63	.57
HOSPICE SERVICES	21	394	40,659.01	103.20	.080	1936.14	8.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	29	189	2,688.61	14.23	.038	92.71	.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	124	19,108	10,218.92	.53	3.867	82.41	2.07
@CALIF. CHILDREN SERVICES*	50	588	\$ 183,277.15	\$ 311.70	.119	\$ 3665.54	\$ 37.09
@XOVER EXCLUDING STATE HOSP**	945	14,104	\$ 324,615.46	\$ 23.02	2.854	\$ 343.51	\$ 65.70

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** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED

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22,006 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22,921	1,044,702	\$ 65,610,043.51	\$ 62.80	47.474	\$ 2862.44	\$ 2981.46
@PHYSICIANS SERVICES	2,205	4,257	\$ 66,067.36	\$ 15.52	.193	\$ 29.96	\$ 3.00
OUTPATIENT VISITS	30	37	2,707.50	73.18	.002	90.25	.12
OFFICE VISITS	7	7	152.00	21.71	.000	21.71	.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	23	30	2,555.50	85.18	.001	111.11	.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	137	394	13,745.73	34.89	.018	100.33	.62
HOSPITAL VISITS	34	177	7,231.50	40.86	.008	212.69	.33
CRITICAL CARE	3	5	547.20	109.44	.000	182.40	.02
SNF/ICF/TRANS IP CARE	114	212	5,967.03	28.15	.010	52.34	.27
OPHTHALMOLOGICAL SERVICES	7	7	120.33	17.19	.000	17.19	.01
EXAMINATIONS	7	7	120.33	17.19	.000	17.19	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	17	37	2,529.59	68.37	.002	148.80	.11
PRINCIPAL SURGEON	16	21	1,983.62	94.46	.001	123.98	.09
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	16	545.97	34.12	.001	181.99	.02

OUTPATIENT SURGERY	10	19	601.44	31.65	.001	60.14	.03
PRINCIPAL SURGEON	8	8	320.67	40.08	.000	40.08	.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	11	280.77	25.52	.000	140.39	.01
DIALYSIS	1	1	56.60	56.60	.000	56.60	.00
PATHOLOGY	1	1	.00	.00	.000	.00	.00
RADIOLOGY	49	134	2,898.60	21.63	.006	59.16	.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	3	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2,061	3,624	43,407.57	11.98	.165	21.06	1.97
@PHARMACY	16,626	231,558	\$ 5,964,076.80	\$ 25.76	10.522	\$ 358.72	\$ 271.02
PRESCRIPTION DRUGS	16,535	119,781	5,850,165.74	48.84	5.443	353.81	265.84
SNF/ICF	15,691	113,844	5,742,215.18	50.44	5.173	365.96	260.94
OUTPATIENTS	1,062	5,937	107,950.56	18.18	.270	101.65	4.91
MEDICAL SUPPLIES	777	111,777	113,911.06	1.02	5.079	146.60	5.18
@DENTIST	1,384	3,612	\$ 181,559.10	\$ 50.27	.164	\$ 131.18	\$ 8.25
VISITS - DIAGNOSTIC	1,227	2,642	56,097.75	21.23	.120	45.72	2.55
ORAL SURGERY	99	274	11,977.00	43.71	.012	120.98	.54
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	77	79	14,420.00	182.53	.004	187.27	.66
ENDODONTICS	1	1	215.00	215.00	.000	215.00	.01
RESTORATIVE DENTISTRY	26	71	4,326.75	60.94	.003	166.41	.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	184	503	94,522.60	187.92	.023	513.71	4.30
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	13	42	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,694
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED						
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		----- MONTHLY AVERAGE -----						
22,006 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	226	517	\$ 9,064.18	\$ 17.53	.023	\$ 40.11	\$.41	
DIAGNOSTIC AND ANC. PROCED	75	91	1,578.13	17.34	.004	21.04	.07	
EYE APPLIANCES	150	425	7,190.68	16.92	.019	47.94	.33	
OTHER OPTOMETRIC SERVICES	7	1	295.37	295.37	.000	42.20	.01	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	2,030	2,379	\$ 17,791.87	\$ 7.48	.108	\$ 8.76	\$.81	
MEDICINE/INJECTIONS	1	1	24.00	24.00	.000	24.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	2,029	2,378	17,767.87	7.47	.108	8.76	.81	
@HOME HEALTH AGENCY	2	10	\$ 665.56	\$ 66.56	.000	\$ 332.78	\$.03	
NURSE ANESTHESIST	3	21	\$ 77.66	\$ 3.70	.001	\$ 25.89	\$.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 27.50	\$ 27.50	.000	\$ 27.50	\$.00	
FAMILY NURSE PRACTITIONER	4	4	\$ 126.48	\$ 31.62	.000	\$ 31.62	\$.01	
@TOTAL HOSPITAL	526	4,341	\$ 432,631.22	\$ 99.66	.197	\$ 822.49	\$ 19.66	
HOSP INPATIENT TOTAL	143	250	385,632.72	1542.53	.011	2696.73	17.52	
HSC HOSPITALS	27	217	269,817.67	1243.40	.010	9993.25	12.26	

NON-HSC HOSPITAL TOTAL	5	33	21,352.36	647.04	.001	4270.47	.97
ACCOMMODATIONS	5	33	10,104.03	306.18	.001	2020.81	.46
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	33	10,104.03	306.18	.001	2020.81	.46
ANCILLARIES	4	0	11,248.33	.00	.000	2812.08	.51
INPATIENT CROSSOVERS	114	0	94,462.69	.00	.000	828.62	4.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	402	4,091	46,998.50	11.49	.186	116.91	2.14
MEDICAL	3	6	208.49	34.75	.000	69.50	.01
SURGERY	3	3	143.96	47.99	.000	47.99	.01
PATHOLOGY	46	206	2,152.46	10.45	.009	46.79	.10
RADIOLOGY	5	8	528.18	66.02	.000	105.64	.02
ROOM USE	9	12	466.03	38.84	.001	51.78	.02
CROSSOVERS/ALL OTH OUTPTNT	359	3,856	43,499.38	11.28	.175	121.17	1.98
@COUNTY HOSPITAL TOTAL	4	13	\$ 1,800.19	\$ 138.48	.001	\$ 450.05	\$.08
CO HOSPITAL INPATIENT TOTAL	2	0	1,716.00	.00	.000	858.00	.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,716.00	.00	.000	858.00	.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	13	84.19	6.48	.001	28.06	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
22,006 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	522	4,328	\$ 430,831.03	\$ 99.55	.197	\$ 825.35	\$ 19.58
COMM HOSP INPATIENT TOTAL	141	250	383,916.72	1535.67	.011	2722.81	17.45
HSC HOSPITALS	27	217	269,817.67	1243.40	.010	9993.25	12.26
NON-HSC HOSPITALS TOTAL	5	33	21,352.36	647.04	.001	4270.47	.97
ACCOMMODATIONS	5	33	10,104.03	306.18	.001	2020.81	.46
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	33	10,104.03	306.18	.001	2020.81	.46
ANCILLARIES	4	0	11,248.33	.00	.000	2812.08	.51
INPATIENT CROSSOVERS	112	0	92,746.69	.00	.000	828.10	4.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	399	4,078	46,914.31	11.50	.185	117.58	2.13
MEDICAL	3	6	208.49	34.75	.000	69.50	.01
SURGERY	3	3	143.96	47.99	.000	47.99	.01
PATHOLOGY	46	206	2,152.46	10.45	.009	46.79	.10
RADIOLOGY	5	8	528.18	66.02	.000	105.64	.02
ROOM USE	9	12	466.03	38.84	.001	51.78	.02
CROSSOVERS/ALL OTH OUTPTNT	356	3,843	43,415.19	11.30	.175	121.95	1.97
@STATE HOSPITAL	6	0	\$ 4,679.30	\$.00	.000	\$ 779.88	\$.21
MENTALLY ILL	6	0	4,206.90	.00	.000	701.15	.19
DEVELOP. DISABLED	0	0	472.40	.00	.000	.00	.02
@NURSING FACILITY	18,348	588,231	\$ 57,999,951.53	\$ 98.60	26.730	\$ 3161.10	\$ 2635.64
LEV A-INTERMEDIATE	424	13,962	849,267.01	60.83	.634	2002.99	38.59
LEV B-REHAB MD	81	2,997	316,659.23	105.66	.136	3909.37	14.39
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	40	1,436	714,941.46	497.87	.065	17873.54	32.49
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	17,819	569,836	56,119,083.83	98.48	25.895	3149.40	2550.17
@INTERMEDIATE CARE FACIL.-DD	12	357	\$ 46,280.14	\$ 129.64	.016	\$ 3856.68	\$ 2.10
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	12	357	46,280.14	129.64	.016	3856.68	2.10
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	33	39	\$ 15,387.48	\$ 394.55	.002	\$ 466.29	\$.70
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	33	39	15,387.48	394.55	.002	466.29	.70
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	30	149	\$ 838.58	\$ 5.63	.007	\$ 27.95	\$.04
PATHOLOGY	18	105	762.67	7.26	.005	42.37	.03
XO AND OTHERS	12	44	75.91	1.73	.002	6.33	.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$ 365.88	\$ 91.47	.000	\$ 91.47	\$.02
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	2	145.17	72.59	.000	145.17	.01
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	2	220.71	110.36	.000	73.57	.01

22,006 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,283	209,222	\$ 870,452.87	\$ 4.16	9.507	\$ 265.14	\$ 39.56
DURABLE MED. EQUIP.	384	4,041	226,408.07	56.03	.184	589.60	10.29
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	6	2,928.68	488.11	.000	488.11	.13
MEDICAL TRANSPORTATION	1,585	54,032	195,249.92	3.61	2.455	123.19	8.87
AMBULANCES/AIR TRANS	116	637	11,166.15	17.53	.029	96.26	.51
OTHER TRANS	1,424	52,871	182,470.41	3.45	2.403	128.14	8.29
OTHER SERVICES	93	524	1,613.36	3.08	.024	17.35	.07
ACUPUNCTURE	3	11	189.23	17.20	.000	63.08	.01
ADULT DAY HEALTH CARE CTR	1	7	487.06	69.58	.000	487.06	.02
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	142	297	3,804.28	12.81	.013	26.79	.17
PHYSICAL THERAPIST	1	1	77.84	77.84	.000	77.84	.00
PORTABLE X-RAY	324	572	1,012.56	1.77	.026	3.13	.05
PROSTHETIST/ORTHOTISTS	6	10	417.63	41.76	.000	69.61	.02
PROSTHETICS	6	10	417.63	41.76	.000	69.61	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	27	28	578.21	20.65	.001	21.42	.03
SPEECH AND AUDIOLOGY	223	356	21,283.56	59.79	.016	95.44	.97
HOSPICE SERVICES	110	3,343	352,755.27	105.52	.152	3206.87	16.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	780	146,518	65,260.56	.45	6.658	83.67	2.97
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	5,749	216,656	\$ 1,125,556.16	\$ 5.20	9.845	\$ 195.78	\$ 51.15

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** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,698
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,699
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,700
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,701
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

4,626 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,812	421,935	\$ 21,033,347.47	\$ 49.85	91.209	\$ 4371.02	\$ 4546.77
@PHYSICIANS SERVICES	1,200	3,841	\$ 110,005.38	\$ 28.64	.830	\$ 91.67	\$ 23.78
OUTPATIENT VISITS	78	99	5,223.83	52.77	.021	66.97	1.13
OFFICE VISITS	31	35	1,265.20	36.15	.008	40.81	.27
HOME VISITS	9	12	411.60	34.30	.003	45.73	.09
EMERGENCY ROOM	38	49	3,467.59	70.77	.011	91.25	.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	3	3	79.44	26.48	.001	26.48	.02
INPATIENT VISITS	341	1,274	43,616.26	34.24	.275	127.91	9.43
HOSPITAL VISITS	62	644	23,565.95	36.59	.139	380.10	5.09
CRITICAL CARE	7	18	2,097.60	116.53	.004	299.66	.45
SNF/ICF/TRANS IP CARE	302	612	17,952.71	29.33	.132	59.45	3.88
OPHTHALMOLOGICAL SERVICES	13	18	721.36	40.08	.004	55.49	.16
EXAMINATIONS	13	18	721.36	40.08	.004	55.49	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	27	87	8,053.83	92.57	.019	298.29	1.74
PRINCIPAL SURGEON	25	40	6,977.86	174.45	.009	279.11	1.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	47	1,075.97	22.89	.010	268.99	.23
OUTPATIENT SURGERY	68	247	11,438.51	46.31	.053	168.21	2.47
PRINCIPAL SURGEON	22	26	3,913.29	150.51	.006	177.88	.85
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	46	221	7,525.22	34.05	.048	163.59	1.63
DIALYSIS	4	26	1,457.18	56.05	.006	364.30	.31
PATHOLOGY	14	70	481.18	6.87	.015	34.37	.10
RADIOLOGY	106	393	9,243.68	23.52	.085	87.20	2.00
PSYCHIATRY	1	1	73.29	73.29	.000	73.29	.02
IMMUNIZATION AND INJECTION	1	2	10.15	5.08	.000	10.15	.00
OTHER SERVICES/ALL X-OVERS	794	1,624	29,686.11	18.28	.351	37.39	6.42
@PHARMACY	3,875	183,961	\$ 2,375,742.08	\$ 12.91	39.767	\$ 613.09	\$ 513.56
PRESCRIPTION DRUGS	3,820	31,389	2,299,740.72	73.27	6.785	602.03	497.13
SNF/ICF	3,339	28,137	2,052,459.00	72.95	6.082	614.69	443.68
OUTPATIENTS	530	3,252	247,281.72	76.04	.703	466.57	53.45
MEDICAL SUPPLIES	452	152,572	76,001.36	.50	32.981	168.14	16.43
@DENTIST	348	1,472	\$ 47,984.50	\$ 32.60	.318	\$ 137.89	\$ 10.37
VISITS - DIAGNOSTIC	298	1,076	16,133.30	14.99	.233	54.14	3.49
ORAL SURGERY	37	145	5,517.00	38.05	.031	149.11	1.19
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	47	58	8,938.00	154.10	.013	190.17	1.93
ENDODONTICS	1	1	300.00	300.00	.000	300.00	.06
RESTORATIVE DENTISTRY	36	92	4,369.20	47.49	.020	121.37	.94
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	26	94	12,727.00	135.39	.020	489.50	2.75
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	6	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,702
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63						

		----- MONTHLY AVERAGE -----						
4,626 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	80	184	\$ 3,591.96	\$ 19.52	.040	\$ 44.90	\$.78	
DIAGNOSTIC AND ANC. PROCED	40	47	1,365.05	29.04	.010	34.13	.30	
EYE APPLIANCES	45	134	2,164.00	16.15	.029	48.09	.47	
OTHER OPTOMETRIC SERVICES	2	3	62.91	20.97	.001	31.46	.01	
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.000	\$ 16.72	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00	
@PODIATRIST	402	488	\$ 3,556.48	\$ 7.29	.105	\$ 8.85	\$.77	

MEDICINE/INJECTIONS	7	7	168.00	24.00	.002	24.00	.04
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	395	481	3,388.48	7.04	.104	8.58	.73
@HOME HEALTH AGENCY	3	34	\$ 2,550.07	\$ 75.00	.007	\$ 850.02	\$.55
NURSE ANESTHESIST	7	87	\$ 488.87	\$ 5.62	.019	\$ 69.84	\$.11
NURSE MIDWIFE	1	7	\$ 24.53	\$ 3.50	.002	\$ 24.53	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	10	\$ 275.41	\$ 27.54	.002	\$ 39.34	\$.06
@TOTAL HOSPITAL	489	3,495	\$ 1,029,488.17	\$ 294.56	.756	\$ 2105.29	\$ 222.54
HOSP INPATIENT TOTAL	83	859	982,809.46	1144.13	.186	11841.08	212.45
HSC HOSPITALS	40	472	579,168.69	1227.05	.102	14479.22	125.20
NON-HSC HOSPITAL TOTAL	21	387	379,952.15	981.79	.084	18092.96	82.13
ACCOMMODATIONS	21	387	212,387.10	548.80	.084	10113.67	45.91
ADMINISTRATIVE DAYS	2	9	2,002.58	222.51	.002	1001.29	.43
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	378	210,384.52	556.57	.082	10519.23	45.48
ANCILLARIES	21	0	167,565.05	.00	.000	7979.29	36.22
INPATIENT CROSSOVERS	31	0	23,688.62	.00	.000	764.15	5.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	435	2,636	46,678.71	17.71	.570	107.31	10.09
MEDICAL	25	40	1,705.25	42.63	.009	68.21	.37
SURGERY	21	23	1,126.46	48.98	.005	53.64	.24
PATHOLOGY	193	855	9,379.01	10.97	.185	48.60	2.03
RADIOLOGY	36	55	2,945.77	53.56	.012	81.83	.64
ROOM USE	48	75	3,855.69	51.41	.016	80.33	.83
CROSSOVERS/ALL OTH OUTPTNT	241	1,588	27,666.53	17.42	.343	114.80	5.98
@COUNTY HOSPITAL TOTAL	11	86	\$ 55,890.25	\$ 649.89	.019	\$ 5080.93	\$ 12.08
CO HOSPITAL INPATIENT TOTAL	7	75	55,729.84	743.06	.016	7961.41	12.05
HSC HOSPITALS	7	71	54,289.10	764.64	.015	7755.59	11.74
NON-HSC HOSPITALS TOTAL	1	4	1,440.74	360.19	.001	1440.74	.31
ACCOMMODATIONS	1	4	925.20	231.30	.001	925.20	.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	925.20	231.30	.001	925.20	.20
ANCILLARIES	1	0	515.54	.00	.000	515.54	.11
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	11	160.41	14.58	.002	40.10	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	27.59	13.80	.000	27.59	.01
RADIOLOGY	1	1	48.41	48.41	.000	48.41	.01
ROOM USE	1	1	52.23	52.23	.000	52.23	.01
CROSSOVERS/ALL OTH OUTPTNT	3	7	32.18	4.60	.002	10.73	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,703
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,626 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	483	3,409	\$ 973,597.92	\$ 285.60	.737	\$ 2015.73	\$ 210.46
COMM HOSP INPATIENT TOTAL	78	784	927,079.62	1182.50	.169	11885.64	200.41
HSC HOSPITALS	35	401	524,879.59	1308.93	.087	14996.56	113.46
NON-HSC HOSPITALS TOTAL	20	383	378,511.41	988.28	.083	18925.57	81.82
ACCOMMODATIONS	20	383	211,461.90	552.12	.083	10573.10	45.71

ADMINISTRATIVE DAYS	2	9		2,002.58	222.51	.002	1001.29	.43
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	374		209,459.32	560.05	.081	11024.17	45.28
ANCILLARIES	20	0		167,049.51	.00	.000	8352.48	36.11
INPATIENT CROSSOVERS	31	0		23,688.62	.00	.000	764.15	5.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	432	2,625		46,518.30	17.72	.567	107.68	10.06
MEDICAL	25	40		1,705.25	42.63	.009	68.21	.37
SURGERY	21	23		1,126.46	48.98	.005	53.64	.24
PATHOLOGY	192	853		9,351.42	10.96	.184	48.71	2.02
RADIOLOGY	35	54		2,897.36	53.65	.012	82.78	.63
ROOM USE	47	74		3,803.46	51.40	.016	80.92	.82
CROSSOVERS/ALL OTH OUTPTNT	239	1,581		27,634.35	17.48	.342	115.62	5.97
@STATE HOSPITAL	2	167	\$	91,261.07	\$ 546.47	.036	\$ 45630.54	\$ 19.73
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	2	167		91,261.07	546.47	.036	45630.54	19.73
@NURSING FACILITY	2,995	95,991	\$	12,621,778.42	\$ 131.49	20.750	\$ 4214.28	\$ 2728.44
LEV A-INTERMEDIATE	77	2,412		123,735.18	51.30	.521	1606.95	26.75
LEV B-REHAB MD	249	8,040		798,706.59	99.34	1.738	3207.66	172.66
LEV B-SUBACUTE FREESTANDING	2	55		19,781.28	359.66	.012	9890.64	4.28
LEV B-SUBACUTE HSPTL BASED	104	3,781		2,062,727.27	545.55	.817	19833.92	445.90
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,574	81,703		9,616,828.10	117.70	17.662	3736.14	2078.86
@INTERMEDIATE CARE FACIL.-DD	964	29,673	\$	4,279,527.38	\$ 144.22	6.414	\$ 4439.34	\$ 925.10
ICF DDH	576	17,986		2,695,571.85	149.87	3.888	4679.81	582.70
ICF DD	311	9,360		1,166,504.86	124.63	2.023	3750.82	252.16
ICF DDN/DDCN	77	2,327		417,450.67	179.39	.503	5421.44	90.24
@HEMODIALYSIS TOTAL	58	125	\$	44,308.09	\$ 354.46	.027	\$ 763.93	\$ 9.58
HOSPITAL BASED	1	9		1,777.59	197.51	.002	1777.59	.38
HEMODIALYSIS CENTER	57	116		42,530.50	366.64	.025	746.15	9.19
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	84	382	\$	3,427.92	\$ 8.97	.083	\$ 40.81	\$.74
PATHOLOGY	81	371		3,407.00	9.18	.080	42.06	.74
XO AND OTHERS	3	11		20.92	1.90	.002	6.97	.00
@ORGANIZED OUTPATIENT CLINIC	9	34	\$	2,125.28	\$ 62.51	.007	\$ 236.14	\$.46
CLINIC	1	2		40.63	20.32	.000	40.63	.01
SURGICENTER	2	11		507.76	46.16	.002	253.88	.11
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	21		1,576.89	75.09	.005	262.82	.34

#CALIF DEPT OF HEALTH SERV MPO24 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

----- MONTHLY AVERAGE -----								
4,626 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,527	101,983	\$ 417,195.14	\$ 4.09	22.046	\$ 273.21	\$ 90.18	
DURABLE MED. EQUIP.	215	2,845	160,513.76	56.42	.615	746.58	34.70	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	4	4	175.52	43.88	.001	43.88	.04	
MEDICAL TRANSPORTATION	490	26,777	102,181.67	3.82	5.788	208.53	22.09	
AMBULANCES/AIR TRANS	98	1,023	15,309.59	14.97	.221	156.22	3.31	
OTHER TRANS	392	25,602	86,588.13	3.38	5.534	220.89	18.72	
OTHER SERVICES	27	152	283.95	1.87	.033	10.52	.06	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	46	145.03	3.15	.010	145.03	.03
OPTICIAN	51	111	1,266.18	11.41	.024	24.83	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	73	151	1,379.17	9.13	.033	18.89	.30
PROSTHETIST/ORTHOTISTS	1	2	39.03	19.52	.000	39.03	.01
PROSTHETICS	1	2	39.03	19.52	.000	39.03	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	9	13	289.84	22.30	.003	32.20	.06
SPEECH AND AUDIOLOGY	618	2,399	96,129.72	40.07	.519	155.55	20.78
HOSPICE SERVICES	8	176	22,223.74	126.27	.038	2777.97	4.80
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	337	69,459	32,851.48	.47	15.015	97.48	7.10
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,599	118,069	\$ 265,409.97	\$ 2.25	25.523	\$ 165.98	\$ 57.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,705
MOPO24	FEE-FOR-SERVICE/DENTAL		03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES	DISCONTINUED	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 10,706
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,707
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

00 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
HSC HOSPITALS	0	0		.00	.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00	.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00 .00
ANCILLARIES	0	0		.00	.00	.000	.00 .00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
MEDICAL	0	0		.00	.00	.000	.00 .00
SURGERY	0	0		.00	.00	.000	.00 .00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
RADIOLOGY	0	0		.00	.00	.000	.00 .00
ROOM USE	0	0		.00	.00	.000	.00 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00 .00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
MENTALLY ILL	0	0		.00	.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00 .00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
LEV B-REGULAR	0	0		.00	.00	.000	.00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
ICF DDH	0	0		.00	.00	.000	.00 .00
ICF DD	0	0		.00	.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00	.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
XO AND OTHERS	0	0		.00	.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
CLINIC	0	0		.00	.00	.000	.00 .00
SURGICENTER	0	0		.00	.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00 .00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00 .00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,708
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

						----- MONTHLY AVERAGE -----		
26,632 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	27,733	1,466,637	\$ 86,643,390.98	\$ 59.08	55.070	\$ 3124.20	\$ 3253.36	
@PHYSICIANS SERVICES	3,405	8,098	\$ 176,072.74	\$ 21.74	.304	\$ 51.71	\$ 6.61	
OUTPATIENT VISITS	108	136	7,931.33	58.32	.005	73.44	.30	
OFFICE VISITS	38	42	1,417.20	33.74	.002	37.29	.05	
HOME VISITS	9	12	411.60	34.30	.000	45.73	.02	
EMERGENCY ROOM	61	79	6,023.09	76.24	.003	98.74	.23	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	3	3	79.44	26.48	.000	26.48	.00	
INPATIENT VISITS	478	1,668	57,361.99	34.39	.063	120.00	2.15	
HOSPITAL VISITS	96	821	30,797.45	37.51	.031	320.81	1.16	
CRITICAL CARE	10	23	2,644.80	114.99	.001	264.48	.10	
SNF/ICF/TRANS IP CARE	416	824	23,919.74	29.03	.031	57.50	.90	
OPHTHALMOLOGICAL SERVICES	20	25	841.69	33.67	.001	42.08	.03	
EXAMINATIONS	20	25	841.69	33.67	.001	42.08	.03	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	44	124	10,583.42	85.35	.005	240.53	.40	
PRINCIPAL SURGEON	41	61	8,961.48	146.91	.002	218.57	.34	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	7	63	1,621.94	25.75	.002	231.71	.06	

OUTPATIENT SURGERY	78	266		12,039.95	45.26	.010	154.36	.45	
PRINCIPAL SURGEON	30	34		4,233.96	124.53	.001	141.13	.16	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	48	232		7,805.99	33.65	.009	162.62	.29	
DIALYSIS	5	27		1,513.78	56.07	.001	302.76	.06	
PATHOLOGY	15	71		481.18	6.78	.003	32.08	.02	
RADIOLOGY	155	527		12,142.28	23.04	.020	78.34	.46	
PSYCHIATRY	1	1		73.29	73.29	.000	73.29	.00	
IMMUNIZATION AND INJECTION	2	5		10.15	2.03	.000	5.08	.00	
OTHER SERVICES/ALL X-OVERS	2,855	5,248		73,093.68	13.93	.197	25.60	2.74	
@PHARMACY	20,501	415,519	\$	8,339,818.88	\$ 20.07	15.602	\$ 406.80	\$ 313.15	
PRESCRIPTION DRUGS	20,355	151,170		8,149,906.46	53.91	5.676	400.39	306.02	
SNF/ICF	19,030	141,981		7,794,674.18	54.90	5.331	409.60	292.68	
OUTPATIENTS	1,592	9,189		355,232.28	38.66	.345	223.14	13.34	
MEDICAL SUPPLIES	1,229	264,349		189,912.42	.72	9.926	154.53	7.13	
@DENTIST	1,732	5,084	\$	229,543.60	\$ 45.15	.191	\$ 132.53	\$ 8.62	
VISITS - DIAGNOSTIC	1,525	3,718		72,231.05	19.43	.140	47.36	2.71	
ORAL SURGERY	136	419		17,494.00	41.75	.016	128.63	.66	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	124	137		23,358.00	170.50	.005	188.37	.88	
ENDODONTICS	2	2		515.00	257.50	.000	257.50	.02	
RESTORATIVE DENTISTRY	62	163		8,695.95	53.35	.006	140.26	.33	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	210	597		107,249.60	179.65	.022	510.71	4.03	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	18	48		.00	.00	.002	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 10,710
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SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

26,632 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	306	701	\$ 12,656.14	\$ 18.05	.026		\$ 41.36	\$.48
DIAGNOSTIC AND ANC. PROCED	115	138	2,943.18	21.33	.005		25.59	.11
EYE APPLIANCES	195	559	9,354.68	16.73	.021		47.97	.35
OTHER OPTOMETRIC SERVICES	9	4	358.28	89.57	.000		39.81	.01
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.000		\$ 16.72	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	1	1	16.72	16.72	.000		16.72	.00
@PODIATRIST	2,432	2,867	\$ 21,348.35	\$ 7.45	.108		\$ 8.78	\$.80
MEDICINE/INJECTIONS	8	8	192.00	24.00	.000		24.00	.01
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	2,424	2,859	21,156.35	7.40	.107		8.73	.79
@HOME HEALTH AGENCY	5	44	\$ 3,215.63	\$ 73.08	.002		\$ 643.13	\$.12
NURSE ANESTHESIST	10	108	\$ 566.53	\$ 5.25	.004		\$ 56.65	\$.02
NURSE MIDWIFE	1	7	\$ 24.53	\$ 3.50	.000		\$ 24.53	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 27.50	\$ 27.50	.000		\$ 27.50	\$.00
FAMILY NURSE PRACTITIONER	11	14	\$ 401.89	\$ 28.71	.001		\$ 36.54	\$.02
@TOTAL HOSPITAL	1,015	7,836	\$ 1,462,119.39	\$ 186.59	.294		\$ 1440.51	\$ 54.90
HOSP INPATIENT TOTAL	226	1,109	1,368,442.18	1233.94	.042		6055.05	51.38
HSC HOSPITALS	67	689	848,986.36	1232.20	.026		12671.44	31.88
NON-HSC HOSPITAL TOTAL	26	420	401,304.51	955.49	.016		15434.79	15.07
ACCOMMODATIONS	26	420	222,491.13	529.74	.016		8557.35	8.35
ADMINISTRATIVE DAYS	2	9	2,002.58	222.51	.000		1001.29	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	25	411	220,488.55	536.47	.015		8819.54	8.28
ANCILLARIES	25	0	178,813.38	.00	.000		7152.54	6.71
INPATIENT CROSSOVERS	145	0	118,151.31	.00	.000		814.84	4.44
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	837	6,727	93,677.21	13.93	.253		111.92	3.52
MEDICAL	28	46	1,913.74	41.60	.002		68.35	.07
SURGERY	24	26	1,270.42	48.86	.001		52.93	.05
PATHOLOGY	239	1,061	11,531.47	10.87	.040		48.25	.43
RADIOLOGY	41	63	3,473.95	55.14	.002		84.73	.13
ROOM USE	57	87	4,321.72	49.67	.003		75.82	.16
CROSSOVERS/ALL OTH OUTPTNT	600	5,444	71,165.91	13.07	.204		118.61	2.67
@COUNTY HOSPITAL TOTAL	15	99	\$ 57,690.44	\$ 582.73	.004		\$ 3846.03	\$ 2.17
CO HOSPITAL INPATIENT TOTAL	9	75	57,445.84	765.94	.003		6382.87	2.16
HSC HOSPITALS	7	71	54,289.10	764.64	.003		7755.59	2.04
NON-HSC HOSPITALS TOTAL	1	4	1,440.74	360.19	.000		1440.74	.05
ACCOMMODATIONS	1	4	925.20	231.30	.000		925.20	.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	1	4	925.20	231.30	.000		925.20	.03
ANCILLARIES	1	0	515.54	.00	.000		515.54	.02
INPATIENT CROSSOVERS	2	0	1,716.00	.00	.000		858.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	7	24	244.60	10.19	.001		34.94	.01
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1	2	27.59	13.80	.000		27.59	.00
RADIOLOGY	1	1	48.41	48.41	.000		48.41	.00
ROOM USE	1	1	52.23	52.23	.000		52.23	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
26,632 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,005	7,737	\$ 1,404,428.95	\$ 181.52	.291	\$ 1397.44	\$ 52.73
COMM HOSP INPATIENT TOTAL	219	1,034	1,310,996.34	1267.89	.039	5986.28	49.23
HSC HOSPITALS	62	618	794,697.26	1285.92	.023	12817.70	29.84
NON-HSC HOSPITALS TOTAL	25	416	399,863.77	961.21	.016	15994.55	15.01
ACCOMMODATIONS	25	416	221,565.93	532.61	.016	8862.64	8.32
ADMINISTRATIVE DAYS	2	9	2,002.58	222.51	.000	1001.29	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	407	219,563.35	539.47	.015	9148.47	8.24
ANCILLARIES	24	0	178,297.84	.00	.000	7429.08	6.69
INPATIENT CROSSOVERS	143	0	116,435.31	.00	.000	814.23	4.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	831	6,703	93,432.61	13.94	.252	112.43	3.51
MEDICAL	28	46	1,913.74	41.60	.002	68.35	.07
SURGERY	24	26	1,270.42	48.86	.001	52.93	.05
PATHOLOGY	238	1,059	11,503.88	10.86	.040	48.34	.43
RADIOLOGY	40	62	3,425.54	55.25	.002	85.64	.13
ROOM USE	56	86	4,269.49	49.65	.003	76.24	.16
CROSSOVERS/ALL OTH OUTPTNT	595	5,424	71,049.54	13.10	.204	119.41	2.67
@STATE HOSPITAL	8	167	\$ 95,940.37	\$ 574.49	.006	\$ 11992.55	\$ 3.60
MENTALLY ILL	6	0	4,206.90	.00	.000	701.15	.16
DEVELOP. DISABLED	2	167	91,733.47	549.30	.006	45866.74	3.44
@NURSING FACILITY	21,343	684,222	\$ 70,621,729.95	\$ 103.21	25.692	\$ 3308.89	\$ 2651.76
LEV A-INTERMEDIATE	501	16,374	973,002.19	59.42	.615	1942.12	36.54
LEV B-REHAB MD	330	11,037	1,115,365.82	101.06	.414	3379.90	41.88
LEV B-SUBACUTE FREESTANDING	2	55	19,781.28	359.66	.002	9890.64	.74
LEV B-SUBACUTE HSPTL BASED	144	5,217	2,777,668.73	532.43	.196	19289.37	104.30
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	20,393	651,539	65,735,911.93	100.89	24.465	3223.45	2468.31
@INTERMEDIATE CARE FACIL.-DD	976	30,030	\$ 4,325,807.52	\$ 144.05	1.128	\$ 4432.18	\$ 162.43
ICF DDH	576	17,986	2,695,571.85	149.87	.675	4679.81	101.22
ICF DD	323	9,717	1,212,785.00	124.81	.365	3754.75	45.54
ICF DDN/DDCN	77	2,327	417,450.67	179.39	.087	5421.44	15.67
@HEMODIALYSIS TOTAL	91	164	\$ 59,695.57	\$ 364.00	.006	\$ 656.00	\$ 2.24
HOSPITAL BASED	1	9	1,777.59	197.51	.000	1777.59	.07
HEMODIALYSIS CENTER	90	155	57,917.98	373.66	.006	643.53	2.17
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	114	531	\$ 4,266.50	\$ 8.03	.020	\$ 37.43	\$.16
PATHOLOGY	99	476	4,169.67	8.76	.018	42.12	.16
XO AND OTHERS	15	55	96.83	1.76	.002	6.46	.00
@ORGANIZED OUTPATIENT CLINIC	13	38	\$ 2,491.16	\$ 65.56	.001	\$ 191.63	\$.09
CLINIC	1	2	40.63	20.32	.000	40.63	.00
SURGICENTER	3	13	652.93	50.23	.000	217.64	.02
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	23	1,797.60	78.16	.001	199.73	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,712
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

26,632 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,810	311,205	\$ 1,287,648.01	\$ 4.14	11.685	\$ 267.70	\$ 48.35
DURABLE MED. EQUIP.	599	6,886	386,921.83	56.19	.259	645.95	14.53
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	10	3,104.20	310.42	.000	310.42	.12
MEDICAL TRANSPORTATION	2,075	80,809	297,431.59	3.68	3.034	143.34	11.17
AMBULANCES/AIR TRANS	214	1,660	26,475.74	15.95	.062	123.72	.99
OTHER TRANS	1,816	78,473	269,058.54	3.43	2.947	148.16	10.10
OTHER SERVICES	120	676	1,897.31	2.81	.025	15.81	.07
ACUPUNCTURE	3	11	189.23	17.20	.000	63.08	.01
ADULT DAY HEALTH CARE CTR	1	7	487.06	69.58	.000	487.06	.02
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	46	145.03	3.15	.002	145.03	.01
OPTICIAN	193	408	5,070.46	12.43	.015	26.27	.19
PHYSICAL THERAPIST	1	1	77.84	77.84	.000	77.84	.00
PORTABLE X-RAY	397	723	2,391.73	3.31	.027	6.02	.09
PROSTHETIST/ORTHOTISTS	7	12	456.66	38.06	.000	65.24	.02
PROSTHETICS	7	12	456.66	38.06	.000	65.24	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	36	41	868.05	21.17	.002	24.11	.03
SPEECH AND AUDIOLOGY	841	2,755	117,413.28	42.62	.103	139.61	4.41
HOSPICE SERVICES	118	3,519	374,979.01	106.56	.132	3177.79	14.08
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,117	215,977	98,112.04	.45	8.110	87.84	3.68
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	7,348	334,725	\$ 1,390,966.13	\$ 4.16	12.569	\$ 189.30	\$ 52.23

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

76,017 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	62,669	2,604,052	\$ 85,634,549.87	\$ 32.89	34.256	\$ 1366.46	\$ 1126.52
@PHYSICIANS SERVICES	12,453	38,739	\$ 1,337,958.06	\$ 34.54	.510	\$ 107.44	\$ 17.60
OUTPATIENT VISITS	4,486	6,315	225,544.50	35.72	.083	50.28	2.97
OFFICE VISITS	3,996	5,551	179,794.57	32.39	.073	44.99	2.37
HOME VISITS	1	1	51.60	51.60	.000	51.60	.00
EMERGENCY ROOM	495	543	40,334.48	74.28	.007	81.48	.53
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	174	220	5,363.85	24.38	.003	30.83	.07
INPATIENT VISITS	535	2,401	102,747.30	42.79	.032	192.05	1.35
HOSPITAL VISITS	408	2,090	89,441.97	42.80	.027	219.22	1.18
CRITICAL CARE	21	50	5,593.60	111.87	.001	266.36	.07
SNF/ICF/TRANS IP CARE	144	261	7,711.73	29.55	.003	53.55	.10
OPHTHALMOLOGICAL SERVICES	366	487	19,044.92	39.11	.006	52.04	.25

EXAMINATIONS	355	473		18,677.88		39.49	.006	52.61	.25
SERVICES AND MATERIALS	14	14		367.04		26.22	.000	26.22	.00
INPATIENT HOSPITAL SURGERY	220	1,265		134,745.79		106.52	.017	612.48	1.77
PRINCIPAL SURGEON	166	269		104,409.77		388.14	.004	628.97	1.37
ASSISTANT SURGEON	31	31		7,901.62		254.89	.000	254.89	.10
ANESTHESIOLOGIST	76	965		22,434.40		23.25	.013	295.19	.30
OUTPATIENT SURGERY	538	1,316		200,722.14		152.52	.017	373.09	2.64
PRINCIPAL SURGEON	452	585		179,288.81		306.48	.008	396.66	2.36
ASSISTANT SURGEON	7	7		1,316.10		188.01	.000	188.01	.02
ANESTHESIOLOGIST	144	724		20,117.23		27.79	.010	139.70	.26
DIALYSIS	71	390		24,249.69		62.18	.005	341.54	.32
PATHOLOGY	639	1,620		17,143.92		10.58	.021	26.83	.23
RADIOLOGY	1,702	3,891		178,596.07		45.90	.051	104.93	2.35
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	261	2,205		59,479.39		26.97	.029	227.89	.78
OTHER SERVICES/ALL X-OVERS	7,611	18,849		375,684.34		19.93	.248	49.36	4.94
@PHARMACY	48,449	1,199,369	\$	14,031,581.58	\$	11.70	15.778	\$ 289.62	\$ 184.58
PRESCRIPTION DRUGS	47,735	256,364		13,611,178.22		53.09	3.372	285.14	179.05
SNF/ICF	17,249	125,461		6,318,970.86		50.37	1.650	366.34	83.13
OUTPATIENTS	30,923	130,903		7,292,207.36		55.71	1.722	235.82	95.93
MEDICAL SUPPLIES	3,906	943,005		420,403.36		.45	12.405	107.63	5.53
@DENTIST	3,624	13,429	\$	600,769.00	\$	44.74	.177	\$ 165.78	\$ 7.90
VISITS - DIAGNOSTIC	2,658	8,529		126,133.25		14.79	.112	47.45	1.66
ORAL SURGERY	542	1,711		77,604.50		45.36	.023	143.18	1.02
DRUGS	4	4		65.00		16.25	.000	16.25	.00
ANESTHESIA	4	5		300.00		60.00	.000	75.00	.00
PERIODONTICS	190	193		26,947.60		139.62	.003	141.83	.35
ENDODONTICS	74	102		21,915.25		214.86	.001	296.15	.29
RESTORATIVE DENTISTRY	403	911		59,291.05		65.08	.012	147.12	.78
PROSTHETICS	30	32		1,088.50		34.02	.000	36.28	.01
DENTURES, STAYPLATES	669	1,804		285,803.85		158.43	.024	427.21	3.76
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	2		1,350.00		675.00	.000	1350.00	.02
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	55	136		270.00		1.99	.002	4.91	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,714
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	76,017 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1,036	3,011	\$	62,067.20	\$ 20.61	.040	\$ 59.91	\$.82
DIAGNOSTIC AND ANC. PROCED	461	506		17,907.33	35.39	.007	38.84	.24
EYE APPLIANCES	795	2,423		41,361.31	17.07	.032	52.03	.54
OTHER OPTOMETRIC SERVICES	62	82		2,798.56	34.13	.001	45.14	.04
@CHIROPRACTOR	6	9	\$	150.48	\$ 16.72	.000	\$ 25.08	\$.00
VISITS	6	9		150.48	16.72	.000	25.08	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2,567	3,394	\$	28,436.84	\$ 8.38	.045	\$ 11.08	\$.37
MEDICINE/INJECTIONS	51	57		1,978.46	34.71	.001	38.79	.03
SURGERY/ANES.	3	3		262.22	87.41	.000	87.41	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	2,516	3,332		26,161.56	7.85	.044	10.40	.34
@HOME HEALTH AGENCY	72	470	\$	32,525.04	\$ 69.20	.006	\$ 451.74	\$.43
NURSE ANESTHESIST	25	151	\$	1,193.54	\$ 7.90	.002	\$ 47.74	\$.02

NURSE MIDWIFE	1	1	\$	7.22	\$	7.22	.000	\$	7.22	\$	.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	27.50	\$	27.50	.000	\$	27.50	\$	.00
FAMILY NURSE PRACTITIONER	19	51	\$	1,519.75	\$	29.80	.001	\$	79.99	\$	.02
@TOTAL HOSPITAL	3,507	25,231	\$	3,375,283.44	\$	133.78	.332	\$	962.44	\$	44.40
HOSP INPATIENT TOTAL	610	2,231		2,910,457.81		1304.55	.029		4771.24		38.29
HSC HOSPITALS	326	2,094		2,543,479.07		1214.65	.028		7802.08		33.46
NON-HSC HOSPITAL TOTAL	24	137		128,837.60		940.42	.002		5368.23		1.69
ACCOMMODATIONS	24	137		43,381.31		316.65	.002		1807.55		.57
ADMINISTRATIVE DAYS	1	8		1,399.94CR		174.99CR	.000		1399.94CR		.02CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	129		44,781.25		347.14	.002		1947.01		.59
ANCILLARIES	23	0		85,456.29		.00	.000		3715.49		1.12
INPATIENT CROSSOVERS	271	0		238,141.14		.00	.000		878.75		3.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,005	23,000		464,825.63		20.21	.303		154.68		6.11
MEDICAL	474	727		31,276.24		43.02	.010		65.98		.41
SURGERY	158	167		15,121.94		90.55	.002		95.71		.20
PATHOLOGY	750	4,426		38,719.61		8.75	.058		51.63		.51
RADIOLOGY	471	694		59,022.93		85.05	.009		125.31		.78
ROOM USE	750	1,111		49,477.18		44.53	.015		65.97		.65
CROSSOVERS/ALL OTH OUTPTNT	1,991	15,875		271,207.73		17.08	.209		136.22		3.57
@COUNTY HOSPITAL TOTAL	26	168	\$	19,065.11	\$	113.48	.002	\$	733.27	\$	.25
CO HOSPITAL INPATIENT TOTAL	4	8		15,024.51		1878.06	.000		3756.13		.20
HSC HOSPITALS	1	4		4,400.00		1100.00	.000		4400.00		.06
NON-HSC HOSPITALS TOTAL	1	4		8,908.51		2227.13	.000		8908.51		.12
ACCOMMODATIONS	1	4		2,138.40		534.60	.000		2138.40		.03
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		2,138.40		534.60	.000		2138.40		.03
ANCILLARIES	1	0		6,770.11		.00	.000		6770.11		.09
INPATIENT CROSSOVERS	2	0		1,716.00		.00	.000		858.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	24	160	4,040.60	25.25	.002	168.36	.05
MEDICAL	8	13	450.68	34.67	.000	56.34	.01
SURGERY	1	2	168.64	84.32	.000	168.64	.00
PATHOLOGY	6	44	335.40	7.62	.001	55.90	.00
RADIOLOGY	3	13	1,170.06	90.00	.000	390.02	.02
ROOM USE	8	12	545.49	45.46	.000	68.19	.01
CROSSOVERS/ALL OTH OUTPTNT	17	76	1,370.33	18.03	.001	80.61	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	76,017 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,484	25,063	\$	3,356,218.33	\$ 133.91	.330	\$ 963.32	\$ 44.15
COMM HOSP INPATIENT TOTAL	606	2,223		2,895,433.30	1302.49	.029	4777.94	38.09
HSC HOSPITALS	325	2,090		2,539,079.07	1214.87	.027	7812.55	33.40
NON-HSC HOSPITALS TOTAL	23	133		119,929.09	901.72	.002	5214.31	1.58
ACCOMMODATIONS	23	133		41,242.91	310.10	.002	1793.17	.54
ADMINISTRATIVE DAYS	1	8		1,399.94CR	174.99CR	.000	1399.94CR	.02CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	125		42,642.85	341.14	.002	1938.31	.56
ANCILLARIES	22	0		78,686.18	.00	.000	3576.64	1.04
INPATIENT CROSSOVERS	269	0		236,425.14	.00	.000	878.90	3.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,984	22,840		460,785.03	20.17	.300	154.42	6.06
MEDICAL	466	714		30,825.56	43.17	.009	66.15	.41
SURGERY	157	165		14,953.30	90.63	.002	95.24	.20
PATHOLOGY	746	4,382		38,384.21	8.76	.058	51.45	.50
RADIOLOGY	469	681		57,852.87	84.95	.009	123.35	.76
ROOM USE	743	1,099		48,931.69	44.52	.014	65.86	.64
CROSSOVERS/ALL OTH OUTPTNT	1,976	15,799		269,837.40	17.08	.208	136.56	3.55
@STATE HOSPITAL	6	0	\$	4,679.30	\$.00	.000	\$ 779.88	\$.06
MENTALLY ILL	6	0		4,206.90	.00	.000	701.15	.06
DEVELOP. DISABLED	0	0		472.40	.00	.000	.00	.01
@NURSING FACILITY	19,882	631,412	\$	63,332,475.41	\$ 100.30	8.306	\$ 3185.42	\$ 833.14
LEV A-INTERMEDIATE	457	15,184		944,987.63	62.24	.200	2067.81	12.43
LEV B-REHAB MD	90	3,302		354,871.73	107.47	.043	3943.02	4.67
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	50	1,727		875,908.11	507.18	.023	17518.16	11.52
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	19,306	611,199		61,156,707.94	100.06	8.040	3167.76	804.51
@INTERMEDIATE CARE FACIL.-DD	12	357	\$	46,280.14	\$ 129.64	.005	\$ 3856.68	\$.61
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	12	357		46,280.14	129.64	.005	3856.68	.61
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	350	9,758	\$	398,521.94	\$ 40.84	.128	\$ 1138.63	\$ 5.24
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	350	9,758		398,521.94	40.84	.128	1138.63	5.24
@REHABILITATION FACILITY	8	34	\$	840.98	\$ 24.73	.000	\$ 105.12	\$.01
HOSPITAL BASED	8	34		840.98	24.73	.000	105.12	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,742	7,504	\$	75,545.33	\$ 10.07	.099	\$ 43.37	\$.99
PATHOLOGY	1,700	7,363		74,656.83	10.14	.097	43.92	.98
XO AND OTHERS	42	141		888.50	6.30	.002	21.15	.01
@ORGANIZED OUTPATIENT CLINIC	667	1,943	\$	93,448.68	\$ 48.10	.026	\$ 140.10	\$ 1.23
CLINIC	267	729		15,814.27	21.69	.010	59.23	.21

SURGICENTER	216	961	56,525.06	58.82	.013	261.69	.74
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	185	253	21,109.35	83.44	.003	114.10	.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,716
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
76,017 ELIGIBLES							
@ALL OTHER PROVIDERS	8,636	669,188	\$ 2,211,238.44	\$ 3.30	8.803	\$ 256.05	\$ 29.09
DURABLE MED. EQUIP.	671	5,199	315,969.28	60.78	.068	470.89	4.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	55	62	27,824.20	448.78	.001	505.89	.37
MEDICAL TRANSPORTATION	2,686	111,066	446,010.73	4.02	1.461	166.05	5.87
AMBULANCES/AIR TRANS	367	2,677	42,688.66	15.95	.035	116.32	.56
OTHER TRANS	2,178	107,082	396,951.16	3.71	1.409	182.25	5.22
OTHER SERVICES	217	1,307	6,370.91	4.87	.017	29.36	.08
ACUPUNCTURE	198	404	7,275.84	18.01	.005	36.75	.10
ADULT DAY HEALTH CARE CTR	520	7,312	504,245.79	68.96	.096	969.70	6.63
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	457	3,163	176,579.29	55.83	.042	386.39	2.32
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,072	2,496	29,677.43	11.89	.033	27.68	.39
PHYSICAL THERAPIST	35	190	2,638.61	13.89	.002	75.39	.03
PORTABLE X-RAY	392	713	1,726.99	2.42	.009	4.41	.02
PROSTHETIST/ORTHOTISTS	31	61	2,500.02	40.98	.001	80.65	.03
PROSTHETICS	31	61	2,500.02	40.98	.001	80.65	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	31	33	628.77	19.05	.000	20.28	.01
SPEECH AND AUDIOLOGY	375	708	68,322.13	96.50	.009	182.19	.90
HOSPICE SERVICES	145	4,061	430,119.74	105.91	.053	2966.34	5.66
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	20.80	10.40	.000	20.80	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,849	533,716	197,488.82	.37	7.021	69.32	2.60
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	12,638	270,754	\$ 2,222,877.69	\$ 8.21	3.562	\$ 175.89	\$ 29.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,717
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
113 ELIGIBLES							
@TOTAL, ALL PROVIDERS	88	2,927	\$ 58,936.93	\$ 20.14	25.903	\$ 669.74	\$ 521.57
@PHYSICIANS SERVICES	45	180	\$ 6,690.18	\$ 37.17	1.593	\$ 148.67	\$ 59.21
OUTPATIENT VISITS	28	49	1,644.12	33.55	.434	58.72	14.55
OFFICE VISITS	24	44	1,335.60	30.35	.389	55.65	11.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	308.52	61.70	.044	61.70	2.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	6	35		1,453.01	41.51	.310	242.17	12.86
HOSPITAL VISITS	6	33		1,353.41	41.01	.292	225.57	11.98
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	2		99.60	49.80	.018	99.60	.88
OPHTHALMOLOGICAL SERVICES	5	5		215.68	43.14	.044	43.14	1.91
EXAMINATIONS	5	5		215.68	43.14	.044	43.14	1.91
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	11		737.02	67.00	.097	368.51	6.52
PRINCIPAL SURGEON	1	1		553.98	553.98	.009	553.98	4.90
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	10		183.04	18.30	.088	183.04	1.62
OUTPATIENT SURGERY	2	2		107.96	53.98	.018	53.98	.96
PRINCIPAL SURGEON	2	2		107.96	53.98	.018	53.98	.96
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	3	18		915.90	50.88	.159	305.30	8.11
PATHOLOGY	7	12		209.00	17.42	.106	29.86	1.85
RADIOLOGY	8	14		543.78	38.84	.124	67.97	4.81
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3		41.28	13.76	.027	13.76	.37
OTHER SERVICES/ALL X-OVERS	20	31		822.43	26.53	.274	41.12	7.28
@PHARMACY	56	607	\$	13,008.98	\$ 21.43	5.372	\$ 232.30	\$ 115.12
PRESCRIPTION DRUGS	55	230		11,163.97	48.54	2.035	202.98	98.80
SNF/ICF	2	15		1,083.65	72.24	.133	541.83	9.59
OUTPATIENTS	54	215		10,080.32	46.89	1.903	186.67	89.21
MEDICAL SUPPLIES	13	377		1,845.01	4.89	3.336	141.92	16.33
@DENTIST	6	25	\$	849.00	\$ 33.96	.221	\$ 141.50	\$ 7.51
VISITS - DIAGNOSTIC	4	15		219.00	14.60	.133	54.75	1.94
ORAL SURGERY	1	1		45.00	45.00	.009	45.00	.40
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		236.00	118.00	.018	118.00	2.09
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	7		349.00	49.86	.062	174.50	3.09
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,718
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.035	\$ 100.56	\$.89
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.009	47.45	.42
EYE APPLIANCES	1	3	53.11	17.70	.027	53.11	.47
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	12	\$ 288.00	\$ 24.00	.106	\$ 28.80	\$ 2.55

MEDICINE/INJECTIONS	10	12		288.00	24.00	.106	28.80	2.55
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$	143.70	\$ 71.85	.018	\$ 143.70	\$ 1.27
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	6	15	\$	491.11	\$ 32.74	.133	\$ 81.85	\$ 4.35
@TOTAL HOSPITAL	7	38	\$	13,668.09	\$ 359.69	.336	\$ 1952.58	\$ 120.96
HOSP INPATIENT TOTAL	4	9		13,072.00	1452.44	.080	3268.00	115.68
HSC HOSPITALS	2	9		11,320.00	1257.78	.080	5660.00	100.18
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0		1,752.00	.00	.000	876.00	15.50
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	29		596.09	20.55	.257	149.02	5.28
MEDICAL	3	5		108.46	21.69	.044	36.15	.96
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	16		159.13	9.95	.142	79.57	1.41
RADIOLOGY	2	3		237.11	79.04	.027	118.56	2.10
ROOM USE	2	2		58.11	29.06	.018	29.06	.51
CROSSOVERS/ALL OTH OUTPTNT	1	3		33.28	11.09	.027	33.28	.29
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,719
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

					----- MONTHLY AVERAGE -----			
113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	7	38	\$ 13,668.09	\$ 359.69	.336	\$ 1952.58	\$ 120.96	
COMM HOSP INPATIENT TOTAL	4	9	13,072.00	1452.44	.080	3268.00	115.68	
HSC HOSPITALS	2	9	11,320.00	1257.78	.080	5660.00	100.18	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0		1,752.00	.00	.000	876.00	15.50
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	29		596.09	20.55	.257	149.02	5.28
MEDICAL	3	5		108.46	21.69	.044	36.15	.96
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	16		159.13	9.95	.142	79.57	1.41
RADIOLOGY	2	3		237.11	79.04	.027	118.56	2.10
ROOM USE	2	2		58.11	29.06	.018	29.06	.51
CROSSOVERS/ALL OTH OUTPTNT	1	3		33.28	11.09	.027	33.28	.29
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	20	\$	2,303.80	\$ 115.19	.177	\$ 1151.90	\$ 20.39
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	20		2,303.80	115.19	.177	1151.90	20.39
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	304	\$	11,313.92	\$ 37.22	2.690	\$ 1414.24	\$ 100.12
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	304		11,313.92	37.22	2.690	1414.24	100.12
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	7	38	\$	467.46	\$	12.30	.336	\$ 66.78	\$ 4.14
PATHOLOGY	7	38		467.46		12.30	.336	66.78	4.14
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	47.45	\$	23.73	.018	\$ 47.45	\$.42
CLINIC	1	2		47.45		23.73	.018	47.45	.42
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,720
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

113 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16	1,680	\$ 9,564.68	\$ 5.69	14.867	\$ 597.79	\$ 84.64
DURABLE MED. EQUIP.	3	3	159.33	53.11	.027	53.11	1.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	1,666	6,096.77	3.66	14.743	762.10	53.95
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	7	1,662	6,084.60	3.66	14.708	869.23	53.85
OTHER SERVICES	1	4	12.17	3.04	.035	12.17	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	3,002.14	375.27	.071	1000.71	26.57
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	306.44	102.15	.027	153.22	2.71
PROSTHETICS	2	3	306.44	102.15	.027	153.22	2.71
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	13	29	\$ 5,480.86	\$ 189.00	.257	\$ 421.60	\$ 48.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,721
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED	

52,278 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	48,448	1,905,624	\$ 64,833,148.33	\$ 34.02	36.452	\$ 1338.20	\$ 1240.16
@PHYSICIANS SERVICES	13,885	82,635	\$ 3,122,959.61	\$ 37.79	1.581	\$ 224.92	\$ 59.74

OUTPATIENT VISITS	4,974	7,578	299,797.31	39.56	.145	60.27	5.73	
OFFICE VISITS	3,267	4,822	150,173.23	31.14	.092	45.97	2.87	
HOME VISITS	11	14	502.65	35.90	.000	45.70	.01	
EMERGENCY ROOM	1,265	1,656	121,247.03	73.22	.032	95.85	2.32	
PREVENTIVE CARE	2	2	92.22	46.11	.000	46.11	.00	
OB VISITS/COMPRE PERI	5	12	244.92	20.41	.000	48.98	.00	
OTHER OUTPATIENT	790	1,072	27,537.26	25.69	.021	34.86	.53	
INPATIENT VISITS	1,706	13,253	566,888.84	42.77	.254	332.29	10.84	
HOSPITAL VISITS	1,343	11,968	482,862.50	40.35	.229	359.54	9.24	
CRITICAL CARE	151	517	60,876.72	117.75	.010	403.16	1.16	
SNF/ICF/TRANS IP CARE	378	768	23,149.62	30.14	.015	61.24	.44	
OPHTHALMOLOGICAL SERVICES	226	327	13,031.46	39.85	.006	57.66	.25	
EXAMINATIONS	217	318	12,801.47	40.26	.006	58.99	.24	
SERVICES AND MATERIALS	9	9	229.99	25.55	.000	25.55	.00	
INPATIENT HOSPITAL SURGERY	899	6,686	549,076.55	82.12	.128	610.76	10.50	
PRINCIPAL SURGEON	739	1,969	433,597.52	220.21	.038	586.74	8.29	
ASSISTANT SURGEON	57	63	15,034.24	238.64	.001	263.76	.29	
ANESTHESIOLOGIST	290	4,654	100,444.79	21.58	.089	346.36	1.92	
OUTPATIENT SURGERY	827	2,082	201,585.36	96.82	.040	243.75	3.86	
PRINCIPAL SURGEON	679	933	170,611.75	182.86	.018	251.27	3.26	
ASSISTANT SURGEON	9	9	1,804.54	200.50	.000	200.50	.03	
ANESTHESIOLOGIST	190	1,140	29,169.07	25.59	.022	153.52	.56	
DIALYSIS	282	1,176	80,225.79	68.22	.022	284.49	1.53	
PATHOLOGY	1,160	4,745	88,749.50	18.70	.091	76.51	1.70	
RADIOLOGY	2,823	11,265	520,674.68	46.22	.215	184.44	9.96	
PSYCHIATRY	13	17	835.43	49.14	.000	64.26	.02	
IMMUNIZATION AND INJECTION	279	10,537	314,333.16	29.83	.202	1126.64	6.01	
OTHER SERVICES/ALL X-OVERS	7,847	24,969	487,761.53	19.53	.478	62.16	9.33	
@PHARMACY	36,752	804,249	\$ 18,524,128.31	\$ 23.03	15.384	\$ 504.03	\$ 354.34	
PRESCRIPTION DRUGS	36,211	192,034	18,000,709.79	93.74	3.673	497.11	344.33	
SNF/ICF	3,903	32,295	2,348,223.78	72.71	.618	601.65	44.92	
OUTPATIENTS	32,487	159,739	15,652,486.01	97.99	3.056	481.81	299.41	
MEDICAL SUPPLIES	3,667	612,215	523,418.52	.85	11.711	142.74	10.01	
@DENTIST	3,299	15,129	\$ 590,437.91	\$ 39.03	.289	\$ 178.97	\$ 11.29	
VISITS - DIAGNOSTIC	2,130	9,106	113,967.45	12.52	.174	53.51	2.18	
ORAL SURGERY	665	2,077	100,727.15	48.50	.040	151.47	1.93	
DRUGS	5	7	40.00	5.71	.000	8.00	.00	
ANESTHESIA	6	6	600.00	100.00	.000	100.00	.01	
PERIODONTICS	242	270	30,512.39	113.01	.005	126.08	.58	
ENDODONTICS	184	259	57,837.00	223.31	.005	314.33	1.11	
RESTORATIVE DENTISTRY	771	1,862	114,041.55	61.25	.036	147.91	2.18	
PROSTHETICS	33	36	1,110.00	30.83	.001	33.64	.02	
DENTURES, STAYPLATES	432	1,391	171,039.30	122.96	.027	395.92	3.27	
SPACE MAINTAINERS	1	1	120.00	120.00	.000	120.00	.00	
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.000	98.07	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	5	6	345.00	57.50	.000	69.00	.01	
ALL OTHER SERVICES	64	107	.00	.00	.002	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,722
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							

EYE APPLIANCES	652	1,910		32,526.94		17.03	.037	49.89	.62
OTHER OPTOMETRIC SERVICES	38	46		1,341.29		29.16	.001	35.30	.03
@CHIROPRACTOR	28	53	\$	815.69	\$	15.39	.001	29.13	\$.02
VISITS	23	46		735.68		15.99	.001	31.99	.01
OTHER SERVICES	5	7		80.01		11.43	.000	16.00	.00
@PODIATRIST	943	2,251	\$	24,168.19	\$	10.74	.043	25.63	\$.46
MEDICINE/INJECTIONS	118	140		4,374.90		31.25	.003	37.08	.08
SURGERY/ANES.	16	21		964.18		45.91	.000	60.26	.02
RADIO./PATHOLOGY	10	16		321.88		20.12	.000	32.19	.01
OTHER	822	2,074		18,507.23		8.92	.040	22.51	.35
@HOME HEALTH AGENCY	483	54,230	\$	1,755,030.58	\$	32.36	1.037	3633.60	\$.33.57
NURSE ANESTHESIST	28	279	\$	1,113.73	\$	3.99	.005	39.78	\$.02
NURSE MIDWIFE	2	8	\$	38.06	\$	4.76	.000	19.03	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	44	113	\$	2,657.84	\$	23.52	.002	60.41	\$.05
@TOTAL HOSPITAL	6,156	71,739	\$	16,912,755.47	\$	235.75	1.372	2747.36	\$.323.52
HOSP INPATIENT TOTAL	1,376	12,590		15,345,723.68		1218.88	.241	11152.42	293.54
HSC HOSPITALS	1,035	10,888		13,398,893.11		1230.61	.208	12945.79	256.30
NON-HSC HOSPITAL TOTAL	130	1,702		1,673,675.93		983.36	.033	12874.43	32.01
ACCOMMODATIONS	128	1,702		727,823.54		427.63	.033	5686.12	13.92
ADMINISTRATIVE DAYS	11	102		18,601.10		182.36	.002	1691.01	.36
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	118	1,600		709,222.44		443.26	.031	6010.36	13.57
ANCILLARIES	130	0		945,852.39		.00	.000	7275.79	18.09
INPATIENT CROSSOVERS	270	0		273,154.64		.00	.000	1011.68	5.23
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,207	59,149		1,567,031.79		26.49	1.131	300.95	29.97
MEDICAL	1,012	1,825		121,404.61		66.52	.035	119.97	2.32
SURGERY	279	337		20,081.75		59.59	.006	71.98	.38
PATHOLOGY	1,883	18,164		127,969.62		7.05	.347	67.96	2.45
RADIOLOGY	1,075	2,448		219,983.26		89.86	.047	204.64	4.21
ROOM USE	2,112	4,104		159,324.79		38.82	.079	75.44	3.05
CROSSOVERS/ALL OTH OUTPTNT	3,101	32,271		918,267.76		28.45	.617	296.12	17.57
@COUNTY HOSPITAL TOTAL	71	577	\$	268,251.40	\$	464.91	.011	3778.19	\$.5.13
CO HOSPITAL INPATIENT TOTAL	16	231		258,883.06		1120.71	.004	16180.19	4.95
HSC HOSPITALS	15	226		255,724.10		1131.52	.004	17048.27	4.89
NON-HSC HOSPITALS TOTAL	2	5		3,158.96		631.79	.000	1579.48	.06
ACCOMMODATIONS	2	5		1,459.80		291.96	.000	729.90	.03
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	2	5		1,459.80		291.96	.000	729.90	.03
ANCILLARIES	2	0		1,699.16		.00	.000	849.58	.03
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	56	346		9,368.34		27.08	.007	167.29	.18
MEDICAL	23	42		1,059.50		25.23	.001	46.07	.02
SURGERY	6	8		359.54		44.94	.000	59.92	.01
PATHOLOGY	16	110		1,547.23		14.07	.002	96.70	.03
RADIOLOGY	15	22		1,506.16		68.46	.000	100.41	.03
ROOM USE	26	57		2,221.88		38.98	.001	85.46	.04
CROSSOVERS/ALL OTH OUTPTNT	39	107		2,674.03		24.99	.002	68.56	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,723
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

52,278 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,100	71,162	\$	16,644,504.07	\$ 233.90	1.361	\$ 2728.61	\$ 318.38
COMM HOSP INPATIENT TOTAL	1,362	12,359		15,086,840.62	1220.72	.236	11076.98	288.59
HSC HOSPITALS	1,022	10,662		13,143,169.01	1232.71	.204	12860.24	251.41
NON-HSC HOSPITALS TOTAL	128	1,697		1,670,516.97	984.39	.032	13050.91	31.95
ACCOMMODATIONS	126	1,697		726,363.74	428.03	.032	5764.79	13.89
ADMINISTRATIVE DAYS	11	102		18,601.10	182.36	.002	1691.01	.36
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	116	1,595		707,762.64	443.74	.031	6101.40	13.54
ANCILLARIES	128	0		944,153.23	.00	.000	7376.20	18.06
INPATIENT CROSSOVERS	270	0		273,154.64	.00	.000	1011.68	5.23
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,158	58,803		1,557,663.45	26.49	1.125	301.99	29.80
MEDICAL	991	1,783		120,345.11	67.50	.034	121.44	2.30
SURGERY	273	329		19,722.21	59.95	.006	72.24	.38
PATHOLOGY	1,868	18,054		126,422.39	7.00	.345	67.68	2.42
RADIOLOGY	1,061	2,426		218,477.10	90.06	.046	205.92	4.18
ROOM USE	2,089	4,047		157,102.91	38.82	.077	75.20	3.01
CROSSOVERS/ALL OTH OUTPTNT	3,064	32,164		915,593.73	28.47	.615	298.82	17.51
@STATE HOSPITAL	2	167	\$	91,261.07	\$ 546.47	.003	\$ 45630.54	\$ 1.75
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	2	167		91,261.07	546.47	.003	45630.54	1.75
@NURSING FACILITY	3,395	105,693	\$	14,372,190.23	\$ 135.98	2.022	\$ 4233.34	\$ 274.92
LEV A-INTERMEDIATE	89	2,896		152,640.74	52.71	.055	1715.06	2.92
LEV B-REHAB MD	257	8,319		832,747.72	100.10	.159	3240.26	15.93
LEV B-SUBACUTE FREESTANDING	3	103		35,533.04	344.98	.002	11844.35	.68
LEV B-SUBACUTE HSPTL BASED	125	4,535		2,480,161.03	546.89	.087	19841.29	47.44
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,935	89,840		10,871,107.70	121.01	1.719	3703.95	207.95
@INTERMEDIATE CARE FACIL.-DD	1,029	31,787	\$	4,658,621.08	\$ 146.56	.608	\$ 4527.33	\$ 89.11
ICF DDH	617	19,384		2,927,335.33	151.02	.371	4744.47	56.00
ICF DD	311	9,360		1,166,504.86	124.63	.179	3750.82	22.31
ICF DDN/DDCN	101	3,043		564,780.89	185.60	.058	5591.89	10.80
@HEMODIALYSIS TOTAL	1,038	34,454	\$	1,267,875.52	\$ 36.80	.659	\$ 1221.46	\$ 24.25
HOSPITAL BASED	4	41		8,097.90	197.51	.001	2024.48	.15
HEMODIALYSIS CENTER	1,034	34,413		1,259,777.62	36.61	.658	1218.35	24.10
@REHABILITATION FACILITY	316	4,446	\$	77,796.10	\$ 17.50	.085	\$ 246.19	\$ 1.49
HOSPITAL BASED	73	460		12,573.10	27.33	.009	172.23	.24
INDEPENDENT FACILITY	243	3,986		65,223.00	16.36	.076	268.41	1.25
@LABORATORY FACILITY	1,874	9,680	\$	107,059.43	\$ 11.06	.185	\$ 57.13	\$ 2.05
PATHOLOGY	1,816	9,438		105,831.81	11.21	.181	58.28	2.02
XO AND OTHERS	59	242		1,227.62	5.07	.005	20.81	.02
@ORGANIZED OUTPATIENT CLINIC	1,136	2,751	\$	114,391.91	\$ 41.58	.053	\$ 100.70	\$ 2.19
CLINIC	740	1,767		33,769.97	19.11	.034	45.64	.65
SURGICENTER	91	447		20,355.44	45.54	.009	223.69	.39
HEROIN DETOX CLINIC	2	17		221.65	13.04	.000	110.83	.00
RURAL HEALTH CLINIC	305	520		60,044.85	115.47	.010	196.87	1.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							
52,278 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	----- MONTHLY AVERAGE -----		
		OR DAYS OF CARE			PER UNIT/DAY	UNITS/DAYS	COST PER	COST PER
@ALL OTHER PROVIDERS	8,344	683,536	\$	3,158,658.78	\$ 4.62	13.075	\$ 378.55	\$ 60.42
DURABLE MED. EQUIP.	751	5,829		530,127.89	90.95	.112	705.90	10.14
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	17	21	7,140.56	340.03	.000	420.03	.14
MEDICAL TRANSPORTATION	1,930	157,779	580,049.53	3.68	3.018	300.54	11.10
AMBULANCES/AIR TRANS	801	6,435	108,341.36	16.84	.123	135.26	2.07
OTHER TRANS	1,042	150,495	465,200.04	3.09	2.879	446.45	8.90
OTHER SERVICES	156	849	6,508.13	7.67	.016	41.72	.12
ACUPUNCTURE	50	108	1,935.53	17.92	.002	38.71	.04
ADULT DAY HEALTH CARE CTR	214	3,824	252,467.84	66.02	.073	1179.76	4.83
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	285	13,065	339,145.52	25.96	.250	1189.98	6.49
OCCUPATIONAL THERAPIST	1	46	145.03	3.15	.001	145.03	.00
OPTICIAN	905	2,082	23,843.17	11.45	.040	26.35	.46
PHYSICAL THERAPIST	31	241	3,399.92	14.11	.005	109.67	.07
PORTABLE X-RAY	94	192	1,985.10	10.34	.004	21.12	.04
PROSTHETIST/ORTHOTISTS	78	424	48,063.65	113.36	.008	616.20	.92
PROSTHETICS	78	424	48,063.65	113.36	.008	616.20	.92
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	19	28	708.66	25.31	.001	37.30	.01
SPEECH AND AUDIOLOGY	825	3,251	144,038.29	44.31	.062	174.59	2.76
HOSPICE SERVICES	104	2,789	381,443.68	136.77	.053	3667.73	7.30
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,560	73,194	439,499.95	6.00	1.400	281.73	8.41
EPSDT SUPPLEMENTAL SERVICE	80	6,066	177,892.87	29.33	.116	2223.66	3.40
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,332	414,595	226,561.59	.55	7.931	97.15	4.33
@CALIF. CHILDREN SERVICES*	612	20,732	\$ 651,489.20	\$ 31.42	.397	\$ 1064.52	\$ 12.46
@XOVER EXCLUDING STATE HOSP**	9,336	196,455	\$ 1,778,634.43	\$ 9.05	3.758	\$ 190.51	\$ 34.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 10,725
03/14/05

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

215,668 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	87,116	529,584	\$ 33,245,892.59	\$ 62.78	2.456	\$ 381.63	\$ 154.15
@PHYSICIANS SERVICES	29,618	96,635	\$ 6,120,376.54	\$ 63.33	.448	\$ 206.64	\$ 28.38
OUTPATIENT VISITS	19,576	30,959	1,372,382.77	44.33	.144	70.11	6.36
OFFICE VISITS	9,598	11,895	444,156.24	37.34	.055	46.28	2.06
HOME VISITS	2	7	272.30	38.90	.000	136.15	.00
EMERGENCY ROOM	5,138	5,644	326,072.03	57.77	.026	63.46	1.51
PREVENTIVE CARE	38	38	1,518.26	39.95	.000	39.95	.01
OB VISITS/COMPRE PERI	4,540	11,725	552,062.99	47.08	.054	121.60	2.56
OTHER OUTPATIENT	1,402	1,650	48,300.95	29.27	.008	34.45	.22
INPATIENT VISITS	3,338	13,274	1,161,303.66	87.49	.062	347.90	5.38
HOSPITAL VISITS	2,998	8,689	407,548.15	46.90	.040	135.94	1.89
CRITICAL CARE	540	4,564	752,767.41	164.94	.021	1394.01	3.49
SNF/ICF/TRANS IP CARE	6	21	988.10	47.05	.000	164.68	.00
OPHTHALMOLOGICAL SERVICES	215	308	13,506.27	43.85	.001	62.82	.06
EXAMINATIONS	194	282	12,899.73	45.74	.001	66.49	.06
SERVICES AND MATERIALS	23	26	606.54	23.33	.000	26.37	.00
INPATIENT HOSPITAL SURGERY	3,033	13,851	1,931,633.45	139.46	.064	636.87	8.96
PRINCIPAL SURGEON	2,150	2,880	1,591,577.22	552.63	.013	740.27	7.38
ASSISTANT SURGEON	297	304	60,156.74	197.88	.001	202.55	.28
ANESTHESIOLOGIST	1,239	10,667	279,899.49	26.24	.049	225.91	1.30
OUTPATIENT SURGERY	1,887	4,093	347,588.41	84.92	.019	184.20	1.61
PRINCIPAL SURGEON	1,651	2,163	287,374.83	132.86	.010	174.06	1.33
ASSISTANT SURGEON	9	9	1,439.12	159.90	.000	159.90	.01
ANESTHESIOLOGIST	460	1,921	58,774.46	30.60	.009	127.77	.27
DIALYSIS	91	354	30,755.17	86.88	.002	337.97	.14
PATHOLOGY	2,749	5,282	91,469.80	17.32	.024	33.27	.42
RADIOLOGY	7,850	15,273	690,520.60	45.21	.071	87.96	3.20
PSYCHIATRY	10	12	951.42	79.29	.000	95.14	.00
IMMUNIZATION AND INJECTION	745	4,233	109,647.73	25.90	.020	147.18	.51
OTHER SERVICES/ALL X-OVERS	3,528	8,996	370,617.26	41.20	.042	105.05	1.72
@PHARMACY	21,925	86,847	\$ 3,031,665.67	\$ 34.91	.403	\$ 138.27	\$ 14.06
PRESCRIPTION DRUGS	21,439	46,471	2,626,573.90	56.52	.215	122.51	12.18
SNF/ICF	47	278	28,208.04	101.47	.001	600.17	.13
OUTPATIENTS	21,416	46,193	2,598,365.86	56.25	.214	121.33	12.05
MEDICAL SUPPLIES	1,212	40,376	405,091.77	10.03	.187	334.23	1.88
@DENTIST	4,206	23,819	\$ 563,892.53	\$ 23.67	.110	\$ 134.07	\$ 2.61
VISITS - DIAGNOSTIC	3,205	16,046	195,054.75	12.16	.074	60.86	.90
ORAL SURGERY	852	1,732	81,017.60	46.78	.008	95.09	.38
DRUGS	35	39	675.00	17.31	.000	19.29	.00
ANESTHESIA	7	6	500.00	83.33	.000	71.43	.00
PERIODONTICS	126	159	8,733.00	54.92	.001	69.31	.04
ENDODONTICS	346	569	60,332.50	106.03	.003	174.37	.28
RESTORATIVE DENTISTRY	1,437	4,327	188,904.03	43.66	.020	131.46	.88
PROSTHETICS	13	14	290.00	20.71	.000	22.31	.00
DENTURES, STAYPLATES	77	319	19,251.65	60.35	.001	250.02	.09
SPACE MAINTAINERS	34	44	3,867.00	87.89	.000	113.74	.02
MAXILLOFACIAL SERVICES	6	6	50.00	8.33	.000	8.33	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	136	201	4,692.00	23.34	.001	34.50	.02
ALL OTHER SERVICES	142	357	525.00	1.47	.002	3.70	.00

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

215,668 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	802	2,499	\$ 56,232.14	\$ 22.50	.012	\$ 70.11	\$.26
DIAGNOSTIC AND ANC. PROCED	664	715	29,902.95	41.82	.003	45.03	.14
EYE APPLIANCES	602	1,769	25,944.35	14.67	.008	43.10	.12
OTHER OPTOMETRIC SERVICES	15	15	384.84	25.66	.000	25.66	.00
@CHIROPRACTOR	20	31	\$ 509.96	\$ 16.45	.000	\$ 25.50	\$.00
VISITS	20	31	509.96	16.45	.000	25.50	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	56	81	\$ 3,161.24	\$ 39.03	.000	\$ 56.45	\$.01
MEDICINE/INJECTIONS	46	53	2,268.64	42.80	.000	49.32	.01
SURGERY/ANES.	8	11	480.50	43.68	.000	60.06	.00
RADIO./PATHOLOGY	5	6	112.44	18.74	.000	22.49	.00
OTHER	9	11	299.66	27.24	.000	33.30	.00
@HOME HEALTH AGENCY	229	3,383	\$ 128,673.57	\$ 38.04	.016	\$ 561.89	\$.60
NURSE ANESTHESIST	62	393	\$ 8,189.97	\$ 20.84	.002	\$ 132.10	\$.04
NURSE MIDWIFE	53	511	\$ 15,123.65	\$ 29.60	.002	\$ 285.35	\$.07
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$.00
FAMILY NURSE PRACTITIONER	91	246	\$ 6,610.00	\$ 26.87	.001	\$ 72.64	\$.03
@TOTAL HOSPITAL	16,602	81,509	\$ 19,885,065.89	\$ 243.96	.378	\$ 1197.75	\$ 92.20
HOSP INPATIENT TOTAL	3,063	13,366	18,203,253.32	1361.91	.062	5942.95	84.40
HSC HOSPITALS	2,920	12,560	16,950,217.04	1349.54	.058	5804.87	78.59
NON-HSC HOSPITAL TOTAL	146	806	1,245,482.96	1545.26	.004	8530.71	5.78
ACCOMMODATIONS	141	806	629,509.48	781.03	.004	4464.61	2.92
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	140	805	629,278.18	781.71	.004	4494.84	2.92
ANCILLARIES	144	0	615,973.48	.00	.000	4277.59	2.86
INPATIENT CROSSOVERS	8	0	7,553.32	.00	.000	944.17	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14,823	68,143	1,681,812.57	24.68	.316	113.46	7.80
MEDICAL	2,332	3,211	106,742.68	33.24	.015	45.77	.49
SURGERY	1,222	1,669	56,677.45	33.96	.008	46.38	.26
PATHOLOGY	5,359	28,621	262,685.88	9.18	.133	49.02	1.22
RADIOLOGY	3,529	5,259	432,693.02	82.28	.024	122.61	2.01
ROOM USE	8,715	11,297	420,068.81	37.18	.052	48.20	1.95
CROSSOVERS/ALL OTH OUTPTNT	7,509	18,086	402,944.73	22.28	.084	53.66	1.87
@COUNTY HOSPITAL TOTAL	188	1,323	\$ 411,386.09	\$ 310.95	.006	\$ 2188.22	\$ 1.91
CO HOSPITAL INPATIENT TOTAL	43	304	377,945.36	1243.24	.001	8789.43	1.75
HSC HOSPITALS	43	304	377,945.36	1243.24	.001	8789.43	1.75
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	163	1,019	33,440.73	32.82	.005	205.16	.16
MEDICAL	37	60	2,182.12	36.37	.000	58.98	.01
SURGERY	39	64	1,855.24	28.99	.000	47.57	.01
PATHOLOGY	71	429	6,593.82	15.37	.002	92.87	.03
RADIOLOGY	31	56	5,698.31	101.76	.000	183.82	.03
ROOM USE	90	176	9,062.04	51.49	.001	100.69	.04

----- MONTHLY AVERAGE -----							
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
215,668 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	16,430	80,186	\$ 19,473,679.80	\$ 242.86	.372	\$ 1185.25	\$ 90.29
COMM HOSP INPATIENT TOTAL	3,020	13,062	17,825,307.96	1364.67	.061	5902.42	82.65
HSC HOSPITALS	2,877	12,256	16,572,271.68	1352.18	.057	5760.26	76.84
NON-HSC HOSPITALS TOTAL	146	806	1,245,482.96	1545.26	.004	8530.71	5.78
ACCOMMODATIONS	141	806	629,509.48	781.03	.004	4464.61	2.92
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	140	805	629,278.18	781.71	.004	4494.84	2.92
ANCILLARIES	144	0	615,973.48	.00	.000	4277.59	2.86
INPATIENT CROSSOVERS	8	0	7,553.32	.00	.000	944.17	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14,674	67,124	1,648,371.84	24.56	.311	112.33	7.64
MEDICAL	2,296	3,151	104,560.56	33.18	.015	45.54	.48
SURGERY	1,183	1,605	54,822.21	34.16	.007	46.34	.25
PATHOLOGY	5,294	28,192	256,092.06	9.08	.131	48.37	1.19
RADIOLOGY	3,501	5,203	426,994.71	82.07	.024	121.96	1.98
ROOM USE	8,632	11,121	411,006.77	36.96	.052	47.61	1.91
CROSSOVERS/ALL OTH OUTPTNT	7,411	17,852	394,895.53	22.12	.083	53.29	1.83
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	20	479	\$ 162,847.81	\$ 339.97	.002	\$ 8142.39	\$.76
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	5	199	122,164.11	613.89	.001	24432.82	.57
LEV B-SUBACUTE HSPTL BASED	0	0	1,979.10	.00	.000	.00	.01
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	15	280	38,704.60	138.23	.001	2580.31	.18
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	132	13,652	\$ 352,123.27	\$ 25.79	.063	\$ 2667.60	\$ 1.63
HOSPITAL BASED	7	71	19,324.31	272.17	.000	2760.62	.09
HEMODIALYSIS CENTER	125	13,581	332,798.96	24.50	.063	2662.39	1.54
@REHABILITATION FACILITY	207	1,239	\$ 27,601.88	\$ 22.28	.006	\$ 133.34	\$.13
HOSPITAL BASED	92	289	9,542.73	33.02	.001	103.73	.04
INDEPENDENT FACILITY	116	950	18,059.15	19.01	.004	155.68	.08
@LABORATORY FACILITY	8,385	25,407	\$ 325,089.77	\$ 12.80	.118	\$ 38.77	\$ 1.51
PATHOLOGY	8,383	25,403	325,063.12	12.80	.118	38.78	1.51
XO AND OTHERS	3	4	26.65	6.66	.000	8.88	.00
@ORGANIZED OUTPATIENT CLINIC	6,848	22,565	\$ 869,358.84	\$ 38.53	.105	\$ 126.95	\$ 4.03
CLINIC	5,171	19,115	538,053.51	28.15	.089	104.05	2.49
SURGICENTER	153	874	26,832.01	30.70	.004	175.37	.12
HEROIN DETOX CLINIC	14	173	1,876.67	10.85	.001	134.05	.01
RURAL HEALTH CLINIC	1,521	2,403	302,596.65	125.92	.011	198.95	1.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,728
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

215,668 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	25,661	170,287	\$ 1,689,312.66	\$ 9.92	.790	\$ 65.83	\$ 7.83
DURABLE MED. EQUIP.	246	1,313	65,458.69	49.85	.006	266.09	.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1,260	15,994	213,314.49	13.34	.074	169.30	.99
AMBULANCES/AIR TRANS	1,235	8,915	152,043.52	17.05	.041	123.11	.70
OTHER TRANS	26	7,043	20,190.55	2.87	.033	776.56	.09
OTHER SERVICES	36	36	41,080.42	1141.12	.000	1141.12	.19
ACUPUNCTURE	8	16	324.37	20.27	.000	40.55	.00
ADULT DAY HEALTH CARE CTR	4	38	2,664.92	70.13	.000	666.23	.01
GENETIC DISEASE TESTING	1,483	1,488	156,120.00	104.92	.007	105.27	.72
IHMC,MODEL-NF,NF,AIDS,MSSP	6	139	60,813.65	437.51	.001	10135.61	.28
OCCUPATIONAL THERAPIST	1	6	124.19	20.70	.000	124.19	.00
OPTICIAN	6,808	14,233	131,730.97	9.26	.066	19.35	.61
PHYSICAL THERAPIST	14	77	1,214.61	15.77	.000	86.76	.01
PORTABLE X-RAY	1	3	87.96	29.32	.000	87.96	.00
PROSTHETIST/ORTHOTISTS	73	120	16,425.25	136.88	.001	225.00	.08
PROSTHETICS	72	118	16,307.33	138.20	.001	226.49	.08
ORTHOTICS	1	2	117.92	58.96	.000	117.92	.00
PSYCHOLOGIST	19	67	1,441.25	21.51	.000	75.86	.01
SPEECH AND AUDIOLOGY	16	94	4,538.28	48.28	.000	283.64	.02
HOSPICE SERVICES	11	150	20,218.94	134.79	.001	1838.09	.09
NONINST BIRTHING CENTERS	8	8	8,015.08	1001.89	.000	1001.89	.04
LOCAL EDUCATION AGENCIES	15,679	94,562	950,751.99	10.05	.438	60.64	4.41
EPSDT SUPPLEMENTAL SERVICE	11	880	25,880.80	29.41	.004	2352.80	.12
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	165	41,099	30,187.22	.73	.191	182.95	.14
@CALIF. CHILDREN SERVICES*	4,272	117,354	\$ 9,205,447.72	\$ 78.44	.544	\$ 2154.83	\$ 42.68
@XOVER EXCLUDING STATE HOSP**	122	729	\$ 23,645.44	\$ 32.44	.003	\$ 193.82	\$.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

344,076 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	198,321	5,042,187	\$ 183,772,527.72	\$ 36.45	14.654	\$ 926.64	\$ 534.10
@PHYSICIANS SERVICES	56,001	218,189	\$ 10,587,984.39	\$ 48.53	.634	\$ 189.07	\$ 30.77
OUTPATIENT VISITS	29,064	44,901	1,899,368.70	42.30	.130	65.35	5.52
OFFICE VISITS	16,885	22,312	775,459.64	34.76	.065	45.93	2.25
HOME VISITS	14	22	826.55	37.57	.000	59.04	.00
EMERGENCY ROOM	6,903	7,848	487,962.06	62.18	.023	70.69	1.42
PREVENTIVE CARE	40	40	1,610.48	40.26	.000	40.26	.00
OB VISITS/COMPRE PERI	4,545	11,737	552,307.91	47.06	.034	121.52	1.61
OTHER OUTPATIENT	2,366	2,942	81,202.06	27.60	.009	34.32	.24
INPATIENT VISITS	5,585	28,963	1,832,392.81	63.27	.084	328.09	5.33
HOSPITAL VISITS	4,755	22,780	981,206.03	43.07	.066	206.35	2.85
CRITICAL CARE	712	5,131	819,237.73	159.66	.015	1150.61	2.38
SNF/ICF/TRANS IP CARE	529	1,052	31,949.05	30.37	.003	60.40	.09
OPHTHALMOLOGICAL SERVICES	812	1,127	45,798.33	40.64	.003	56.40	.13

EXAMINATIONS	771	1,078		44,594.76		41.37	.003	57.84	.13
SERVICES AND MATERIALS	46	49		1,203.57		24.56	.000	26.16	.00
INPATIENT HOSPITAL SURGERY	4,154	21,813		2,616,192.81		119.94	.063	629.80	7.60
PRINCIPAL SURGEON	3,056	5,119		2,130,138.49		416.12	.015	697.03	6.19
ASSISTANT SURGEON	385	398		83,092.60		208.78	.001	215.82	.24
ANESTHESIOLOGIST	1,606	16,296		402,961.72		24.73	.047	250.91	1.17
OUTPATIENT SURGERY	3,254	7,493		750,003.87		100.09	.022	230.49	2.18
PRINCIPAL SURGEON	2,784	3,683		637,383.35		173.06	.011	228.95	1.85
ASSISTANT SURGEON	25	25		4,559.76		182.39	.000	182.39	.01
ANESTHESIOLOGIST	794	3,785		108,060.76		28.55	.011	136.10	.31
DIALYSIS	447	1,938		136,146.55		70.25	.006	304.58	.40
PATHOLOGY	4,555	11,659		197,572.22		16.95	.034	43.37	.57
RADIOLOGY	12,383	30,443		1,390,335.13		45.67	.088	112.28	4.04
PSYCHIATRY	23	29		1,786.85		61.62	.000	77.69	.01
IMMUNIZATION AND INJECTION	1,288	16,978		483,501.56		28.48	.049	375.39	1.41
OTHER SERVICES/ALL X-OVERS	19,006	52,845		1,234,885.56		23.37	.154	64.97	3.59
@PHARMACY	107,182	2,091,072	\$	35,600,384.54	\$	17.02	6.077	\$ 332.15	\$ 103.47
PRESCRIPTION DRUGS	105,440	495,099		34,249,625.88		69.18	1.439	324.83	99.54
SNF/ICF	21,201	158,049		8,696,486.33		55.02	.459	410.19	25.27
OUTPATIENTS	84,880	337,050		25,553,139.55		75.81	.980	301.05	74.27
MEDICAL SUPPLIES	8,798	1,595,973		1,350,758.66		.85	4.638	153.53	3.93
@DENTIST	11,135	52,402	\$	1,755,948.44	\$	33.51	.152	\$ 157.70	\$ 5.10
VISITS - DIAGNOSTIC	7,997	33,696		435,374.45		12.92	.098	54.44	1.27
ORAL SURGERY	2,060	5,521		259,394.25		46.98	.016	125.92	.75
DRUGS	44	50		780.00		15.60	.000	17.73	.00
ANESTHESIA	17	17		1,400.00		82.35	.000	82.35	.00
PERIODONTICS	560	624		66,428.99		106.46	.002	118.62	.19
ENDODONTICS	604	930		140,084.75		150.63	.003	231.93	.41
RESTORATIVE DENTISTRY	2,613	7,107		362,585.63		51.02	.021	138.76	1.05
PROSTHETICS	76	82		2,488.50		30.35	.000	32.74	.01
DENTURES, STAYPLATES	1,178	3,514		476,094.80		135.49	.010	404.16	1.38
SPACE MAINTAINERS	35	45		3,987.00		88.60	.000	113.91	.01

MAXILLOFACIAL SERVICES	7	7	148.07	21.15	.000	21.15	.00
FRACTURES, DISLOCATIONS	1	2	1,350.00	675.00	.000	1350.00	.00
ORTHODONTIC SERVICES	141	207	5,037.00	24.33	.001	35.72	.01
ALL OTHER SERVICES	261	600	795.00	1.33	.002	3.05	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,730
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDED - TOTAL

344,076 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,687	7,938	\$ 169,588.72	\$ 21.36	.023	\$ 63.11	\$.49
DIAGNOSTIC AND ANC. PROCED	1,550	1,690	65,178.32	38.57	.005	42.05	.19
EYE APPLIANCES	2,050	6,105	99,885.71	16.36	.018	48.72	.29
OTHER OPTOMETRIC SERVICES	115	143	4,524.69	31.64	.000	39.35	.01
@CHIROPRACTOR	54	93	\$ 1,476.13	\$ 15.87	.000	\$ 27.34	\$.00
VISITS	49	86	1,396.12	16.23	.000	28.49	.00
OTHER SERVICES	5	7	80.01	11.43	.000	16.00	.00
@PODIATRIST	3,576	5,738	\$ 56,054.27	\$ 9.77	.017	\$ 15.68	\$.16
MEDICINE/INJECTIONS	225	262	8,910.00	34.01	.001	39.60	.03
SURGERY/ANES.	27	35	1,706.90	48.77	.000	63.22	.00
RADIO./PATHOLOGY	16	24	468.92	19.54	.000	29.31	.00
OTHER	3,347	5,417	44,968.45	8.30	.016	13.44	.13
@HOME HEALTH AGENCY	785	58,085	\$ 1,916,372.89	\$ 32.99	.169	\$ 2441.24	\$ 5.57
NURSE ANESTHESIST	115	823	\$ 10,497.24	\$ 12.75	.002	\$ 91.28	\$.03
NURSE MIDWIFE	56	520	\$ 15,168.93	\$ 29.17	.002	\$ 270.87	\$.04
PEDIATRIC NURSE PRACTITIONER	2	2	\$ 84.70	\$ 42.35	.000	\$ 42.35	\$.00
FAMILY NURSE PRACTITIONER	160	425	\$ 11,278.70	\$ 26.54	.001	\$ 70.49	\$.03
@TOTAL HOSPITAL	26,272	178,517	\$ 40,186,772.89	\$ 225.11	.519	\$ 1529.64	\$ 116.80
HOSP INPATIENT TOTAL	5,053	28,196	36,472,506.81	1293.53	.082	7217.99	106.00
HSC HOSPITALS	4,283	25,551	32,903,909.22	1287.77	.074	7682.44	95.63
NON-HSC HOSPITAL TOTAL	300	2,645	3,047,996.49	1152.36	.008	10159.99	8.86
ACCOMMODATIONS	293	2,645	1,400,714.33	529.57	.008	4780.59	4.07
ADMINISTRATIVE DAYS	13	111	17,432.46	157.05	.000	1340.96	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	281	2,534	1,383,281.87	545.89	.007	4922.71	4.02
ANCILLARIES	297	0	1,647,282.16	.00	.000	5546.40	4.79
INPATIENT CROSSOVERS	551	0	520,601.10	.00	.000	944.83	1.51
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23,039	150,321	3,714,266.08	24.71	.437	161.22	10.79
MEDICAL	3,821	5,768	259,531.99	45.00	.017	67.92	.75
SURGERY	1,659	2,173	91,881.14	42.28	.006	55.38	.27
PATHOLOGY	7,994	51,227	429,534.24	8.38	.149	53.73	1.25
RADIOLOGY	5,077	8,404	711,936.32	84.71	.024	140.23	2.07
ROOM USE	11,579	16,514	628,928.89	38.08	.048	54.32	1.83
CROSSOVERS/ALL OTH OUTPTNT	12,602	66,235	1,592,453.50	24.04	.193	126.37	4.63
@COUNTY HOSPITAL TOTAL	285	2,068	\$ 698,702.60	\$ 337.86	.006	\$ 2451.59	\$ 2.03
CO HOSPITAL INPATIENT TOTAL	63	543	651,852.93	1200.47	.002	10346.87	1.89
HSC HOSPITALS	59	534	638,069.46	1194.89	.002	10814.74	1.85
NON-HSC HOSPITALS TOTAL	3	9	12,067.47	1340.83	.000	4022.49	.04
ACCOMMODATIONS	3	9	3,598.20	399.80	.000	1199.40	.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	3,598.20	399.80	.000	1199.40	.01
ANCILLARIES	3	0	8,469.27	.00	.000	2823.09	.02
INPATIENT CROSSOVERS	2	0	1,716.00	.00	.000	858.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	243	1,525	46,849.67	30.72	.004	192.80	.14
MEDICAL	68	115	3,692.30	32.11	.000	54.30	.01
SURGERY	46	74	2,383.42	32.21	.000	51.81	.01
PATHOLOGY	93	583	8,476.45	14.54	.002	91.14	.02
RADIOLOGY	49	91	8,374.53	92.03	.000	170.91	.02
ROOM USE	124	245	11,829.41	48.28	.001	95.40	.03
CROSSOVERS/ALL OTH OUTPTNT	154	417	12,093.56	29.00	.001	78.53	.04

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,731
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	344,076 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26,021	176,449	\$	39,488,070.29	\$ 223.79	.513	\$ 1517.55	\$ 114.77
COMM HOSP INPATIENT TOTAL	4,992	27,653		35,820,653.88	1295.36	.080	7175.61	104.11
HSC HOSPITALS	4,226	25,017		32,265,839.76	1289.76	.073	7635.08	93.78
NON-HSC HOSPITALS TOTAL	297	2,636		3,035,929.02	1151.72	.008	10221.98	8.82
ACCOMMODATIONS	290	2,636		1,397,116.13	530.01	.008	4817.64	4.06
ADMINISTRATIVE DAYS	13	111		17,432.46	157.05	.000	1340.96	.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	278	2,525		1,379,683.67	546.41	.007	4962.89	4.01
ANCILLARIES	294	0		1,638,812.89	.00	.000	5574.19	4.76
INPATIENT CROSSOVERS	549	0		518,885.10	.00	.000	945.15	1.51
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22,820	148,796		3,667,416.41	24.65	.432	160.71	10.66
MEDICAL	3,756	5,653		255,839.69	45.26	.016	68.11	.74
SURGERY	1,613	2,099		89,497.72	42.64	.006	55.49	.26
PATHOLOGY	7,910	50,644		421,057.79	8.31	.147	53.23	1.22
RADIOLOGY	5,033	8,313		703,561.79	84.63	.024	139.79	2.04
ROOM USE	11,466	16,269		617,099.48	37.93	.047	53.82	1.79
CROSSOVERS/ALL OTH OUTPTNT	12,452	65,818		1,580,359.94	24.01	.191	126.92	4.59
@STATE HOSPITAL	8	167	\$	95,940.37	\$ 574.49	.000	\$ 11992.55	\$.28
MENTALLY ILL	6	0		4,206.90	.00	.000	701.15	.01
DEVELOP. DISABLED	2	167		91,733.47	549.30	.000	45866.74	.27
@NURSING FACILITY	23,299	737,604	\$	77,869,817.25	\$ 105.57	2.144	\$ 3342.20	\$ 226.32
LEV A-INTERMEDIATE	546	18,080		1,097,628.37	60.71	.053	2010.31	3.19
LEV B-REHAB MD	347	11,621		1,187,619.45	102.20	.034	3422.53	3.45
LEV B-SUBACUTE FREESTANDING	8	302		157,697.15	522.18	.001	19712.14	.46
LEV B-SUBACUTE HSPTL BASED	175	6,262		3,358,048.24	536.26	.018	19188.85	9.76
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	22,258	701,339		72,068,824.04	102.76	2.038	3237.88	209.46
@INTERMEDIATE CARE FACIL.-DD	1,041	32,144	\$	4,704,901.22	\$ 146.37	.093	\$ 4519.60	\$ 13.67
ICF DDH	617	19,384		2,927,335.33	151.02	.056	4744.47	8.51
ICF DD	323	9,717		1,212,785.00	124.81	.028	3754.75	3.52
ICF DDN/DDCN	101	3,043		564,780.89	185.60	.009	5591.89	1.64
@HEMODIALYSIS TOTAL	1,528	58,168	\$	2,029,834.65	\$ 34.90	.169	\$ 1328.43	\$ 5.90
HOSPITAL BASED	11	112		27,422.21	244.84	.000	2492.93	.08
HEMODIALYSIS CENTER	1,517	58,056		2,002,412.44	34.49	.169	1319.98	5.82
@REHABILITATION FACILITY	531	5,719	\$	106,238.96	\$ 18.58	.017	\$ 200.07	\$.31
HOSPITAL BASED	173	783		22,956.81	29.32	.002	132.70	.07
INDEPENDENT FACILITY	359	4,936		83,282.15	16.87	.014	231.98	.24
@LABORATORY FACILITY	12,008	42,629	\$	508,161.99	\$ 11.92	.124	\$ 42.32	\$ 1.48
PATHOLOGY	11,906	42,242		506,019.22	11.98	.123	42.50	1.47
XO AND OTHERS	104	387		2,142.77	5.54	.001	20.60	.01
@ORGANIZED OUTPATIENT CLINIC	8,652	27,261	\$	1,077,246.88	\$ 39.52	.079	\$ 124.51	\$ 3.13
CLINIC	6,179	21,613		587,685.20	27.19	.063	95.11	1.71

SURGICENTER	460	2,282	103,712.51	45.45	.007	225.46	.30
HEROIN DETOX CLINIC	16	190	2,098.32	11.04	.001	131.15	.01
RURAL HEALTH CLINIC	2,011	3,176	383,750.85	120.83	.009	190.83	1.12

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,732

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE	
344,076 ELIGIBLES							
@ALL OTHER PROVIDERS	42,657	1,524,691	\$ 7,068,774.56	\$ 4.64	4.431	\$ 165.71	\$ 20.54
DURABLE MED. EQUIP.	1,671	12,344	911,715.19	73.86	.036	545.61	2.65
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	72	83	34,964.76	421.26	.000	485.62	.10
MEDICAL TRANSPORTATION	5,884	286,505	1,245,471.52	4.35	.833	211.67	3.62
AMBULANCES/AIR TRANS	2,403	18,027	303,073.54	16.81	.052	126.12	.88
OTHER TRANS	3,253	266,282	888,426.35	3.34	.774	273.11	2.58
OTHER SERVICES	410	2,196	53,971.63	24.58	.006	131.64	.16
ACUPUNCTURE	256	528	9,535.74	18.06	.002	37.25	.03
ADULT DAY HEALTH CARE CTR	738	11,174	759,378.55	67.96	.032	1028.97	2.21
GENETIC DISEASE TESTING	1,487	1,492	156,540.00	104.92	.004	105.27	.45
IHMC,MODEL-NF,NF,AIDS,MSSP	748	16,367	576,538.46	35.23	.048	770.77	1.68
OCCUPATIONAL THERAPIST	2	52	269.22	5.18	.000	134.61	.00
OPTICIAN	8,788	18,819	188,253.71	10.00	.055	21.42	.55
PHYSICAL THERAPIST	80	508	7,253.14	14.28	.001	90.66	.02
PORTABLE X-RAY	487	908	3,800.05	4.19	.003	7.80	.01
PROSTHETIST/ORTHOTISTS	184	608	67,295.36	110.68	.002	365.74	.20
PROSTHETICS	183	606	67,177.44	110.85	.002	367.09	.20
ORTHOTICS	1	2	117.92	58.96	.000	117.92	.00
PSYCHOLOGIST	69	128	2,778.68	21.71	.000	40.27	.01
SPEECH AND AUDIOLOGY	1,216	4,053	216,898.70	53.52	.012	178.37	.63
HOSPICE SERVICES	260	7,000	831,782.36	118.83	.020	3199.16	2.42
NONINST BIRTHING CENTERS	8	8	8,015.08	1001.89	.000	1001.89	.02
LOCAL EDUCATION AGENCIES	17,240	167,758	1,390,272.74	8.29	.488	80.64	4.04
EPSDT SUPPLEMENTAL SERVICE	91	6,946	203,773.67	29.34	.020	2239.27	.59
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5,346	989,410	454,237.63	.46	2.876	84.97	1.32
@CALIF. CHILDREN SERVICES*	4,884	138,086	\$ 9,856,936.92	\$ 71.38	.401	\$ 2018.21	\$ 28.65
@XOVER EXCLUDING STATE HOSP**	22,109	467,967	\$ 4,030,638.42	\$ 8.61	1.360	\$ 182.31	\$ 11.71

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,733
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE	
78,093 ELIGIBLES							
@TOTAL, ALL PROVIDERS	29,249	240,260	\$ 7,447,280.31	\$ 31.00	3.077	\$ 254.62	\$ 95.36
@PHYSICIANS SERVICES	12,146	25,854	\$ 1,114,424.86	\$ 43.10	.331	\$ 91.75	\$ 14.27
OUTPATIENT VISITS	10,188	12,847	456,092.11	35.50	.165	44.77	5.84
OFFICE VISITS	7,466	9,033	296,133.25	32.78	.116	39.66	3.79
HOME VISITS	23	24	834.95	34.79	.000	36.30	.01
EMERGENCY ROOM	1,602	1,738	91,813.32	52.83	.022	57.31	1.18
PREVENTIVE CARE	19	19	893.20	47.01	.000	47.01	.01
OB VISITS/COMPRE PERI	273	590	33,972.56	57.58	.008	124.44	.44

OTHER OUTPATIENT	1,164	1,443	32,444.83	22.48	.018	27.87	.42
INPATIENT VISITS	650	2,662	234,501.59	88.09	.034	360.77	3.00
HOSPITAL VISITS	602	1,615	80,209.78	49.67	.021	133.24	1.03
CRITICAL CARE	90	1,045	154,246.86	147.60	.013	1713.85	1.98
SNF/ICF/TRANS IP CARE	2	2	44.95	22.48	.000	22.48	.00
OPHTHALMOLOGICAL SERVICES	146	172	7,808.21	45.40	.002	53.48	.10
EXAMINATIONS	135	161	7,630.63	47.40	.002	56.52	.10
SERVICES AND MATERIALS	11	11	177.58	16.14	.000	16.14	.00
INPATIENT HOSPITAL SURGERY	244	1,265	132,173.03	104.48	.016	541.69	1.69
PRINCIPAL SURGEON	158	208	100,525.56	483.30	.003	636.24	1.29
ASSISTANT SURGEON	17	17	3,207.88	188.70	.000	188.70	.04
ANESTHESIOLOGIST	122	1,040	28,439.59	27.35	.013	233.11	.36
OUTPATIENT SURGERY	521	1,145	80,821.72	70.59	.015	155.13	1.03
PRINCIPAL SURGEON	444	524	63,727.86	121.62	.007	143.53	.82
ASSISTANT SURGEON	1	1	252.77	252.77	.000	252.77	.00
ANESTHESIOLOGIST	131	620	16,841.09	27.16	.008	128.56	.22
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	604	1,118	11,920.33	10.66	.014	19.74	.15
RADIOLOGY	1,643	3,054	108,196.86	35.43	.039	65.85	1.39
PSYCHIATRY	6	10	331.37	33.14	.000	55.23	.00
IMMUNIZATION AND INJECTION	127	258	4,749.22	18.41	.003	37.40	.06
OTHER SERVICES/ALL X-OVERS	1,017	3,323	77,830.42	23.42	.043	76.53	1.00
@PHARMACY	12,247	56,261	\$ 1,546,824.33	\$ 27.49	.720	\$ 126.30	\$ 19.81
PRESCRIPTION DRUGS	12,147	24,665	1,479,541.35	59.99	.316	121.80	18.95
SNF/ICF	34	143	15,922.64	111.35	.002	468.31	.20
OUTPATIENTS	12,126	24,522	1,463,618.71	59.69	.314	120.70	18.74
MEDICAL SUPPLIES	428	31,596	67,282.98	2.13	.405	157.20	.86
@DENTIST	2,764	19,047	\$ 438,955.44	\$ 23.05	.244	\$ 158.81	\$ 5.62
VISITS - DIAGNOSTIC	2,159	14,213	193,358.32	13.60	.182	89.56	2.48
ORAL SURGERY	383	829	46,509.75	56.10	.011	121.44	.60
DRUGS	54	65	1,340.00	20.62	.001	24.81	.02
ANESTHESIA	6	7	700.00	100.00	.000	116.67	.01
PERIODONTICS	8	9	802.00	89.11	.000	100.25	.01
ENDODONTICS	182	340	37,345.69	109.84	.004	205.20	.48
RESTORATIVE DENTISTRY	949	3,161	144,961.03	45.86	.040	152.75	1.86
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	8	330.00	41.25	.000	165.00	.00
SPACE MAINTAINERS	31	38	4,511.00	118.71	.000	145.52	.06
MAXILLOFACIAL SERVICES	6	8	430.15	53.77	.000	71.69	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	134	217	7,992.50	36.83	.003	59.65	.10
ALL OTHER SERVICES	86	152	675.00	4.44	.002	7.85	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,734
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W						

		----- MONTHLY AVERAGE -----							
78,093 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	507	1,394	\$ 31,281.05	\$ 22.44	.018	\$ 61.70	\$.40		
DIAGNOSTIC AND ANC. PROCED	382	413	17,057.27	41.30	.005	44.65	.22		
EYE APPLIANCES	350	977	14,042.18	14.37	.013	40.12	.18		
OTHER OPTOMETRIC SERVICES	4	4	181.60	45.40	.000	45.40	.00		
@CHIROPRACTOR	52	89	\$ 1,488.08	\$ 16.72	.001	\$ 28.62	\$.02		
VISITS	52	89	1,488.08	16.72	.001	28.62	.02		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	28	43	\$ 1,675.36	\$ 38.96	.001	\$ 59.83	\$.02		

MEDICINE/INJECTIONS	24	29		1,404.63	48.44	.000	58.53	.02
SURGERY/ANES.	8	12		236.13	19.68	.000	29.52	.00
RADIO./PATHOLOGY	2	2		34.60	17.30	.000	17.30	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	78	6,740	\$	201,440.63	\$ 29.89	.086	\$ 2582.57	\$ 2.58
NURSE ANESTHESIST	3	18	\$	352.80	\$ 19.60	.000	\$ 117.60	\$.00
NURSE MIDWIFE	4	41	\$	435.51	\$ 10.62	.001	\$ 108.88	\$.01
PEDIATRIC NURSE PRACTITIONER	3	3	\$	189.18	\$ 63.06	.000	\$ 63.06	\$.00
FAMILY NURSE PRACTITIONER	20	50	\$	1,301.35	\$ 26.03	.001	\$ 65.07	\$.02
@TOTAL HOSPITAL	4,549	16,940	\$	3,346,507.45	\$ 197.55	.217	\$ 735.66	\$ 42.85
HOSP INPATIENT TOTAL	375	2,178		2,969,835.00	1363.56	.028	7919.56	38.03
HSC HOSPITALS	358	2,086		2,838,226.70	1360.61	.027	7928.01	36.34
NON-HSC HOSPITAL TOTAL	18	92		131,608.30	1430.53	.001	7311.57	1.69
ACCOMMODATIONS	18	92		82,684.88	898.75	.001	4593.60	1.06
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	92		82,684.88	898.75	.001	4593.60	1.06
ANCILLARIES	18	0		48,923.42	.00	.000	2717.97	.63
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,301	14,762		376,672.45	25.52	.189	87.58	4.82
MEDICAL	633	856		36,105.89	42.18	.011	57.04	.46
SURGERY	299	320		13,510.19	42.22	.004	45.18	.17
PATHOLOGY	1,266	5,598		57,210.03	10.22	.072	45.19	.73
RADIOLOGY	862	1,174		68,832.56	58.63	.015	79.85	.88
ROOM USE	3,320	4,128		152,065.79	36.84	.053	45.80	1.95
CROSSOVERS/ALL OTH OUTPTNT	1,181	2,686		48,947.99	18.22	.034	41.45	.63
@COUNTY HOSPITAL TOTAL	40	146	\$	17,548.62	\$ 120.20	.002	\$ 438.72	\$.22
CO HOSPITAL INPATIENT TOTAL	2	12		13,780.00	1148.33	.000	6890.00	.18
HSC HOSPITALS	2	12		13,780.00	1148.33	.000	6890.00	.18
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	38	134	3,768.62	28.12	.002	99.17	.05
MEDICAL	17	18	771.92	42.88	.000	45.41	.01
SURGERY	4	5	127.75	25.55	.000	31.94	.00
PATHOLOGY	16	45	961.48	21.37	.001	60.09	.01
RADIOLOGY	3	7	171.28	24.47	.000	57.09	.00
ROOM USE	30	37	1,415.91	38.27	.000	47.20	.02
CROSSOVERS/ALL OTH OUTPTNT	12	22	320.28	14.56	.000	26.69	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,735
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

78,093 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,513	16,794	\$ 3,328,958.83	\$ 198.22	.215	\$ 737.64	\$ 42.63
COMM HOSP INPATIENT TOTAL	373	2,166	2,956,055.00	1364.75	.028	7925.08	37.85
HSC HOSPITALS	356	2,074	2,824,446.70	1361.84	.027	7933.84	36.17
NON-HSC HOSPITALS TOTAL	18	92	131,608.30	1430.53	.001	7311.57	1.69
ACCOMMODATIONS	18	92	82,684.88	898.75	.001	4593.60	1.06
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	92	82,684.88	898.75	.001	4593.60	1.06
ANCILLARIES	18	0	48,923.42	.00	.000	2717.97	.63
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,266	14,628	372,903.83	25.49	.187	87.41	4.78
MEDICAL	616	838	35,333.97	42.16	.011	57.36	.45
SURGERY	295	315	13,382.44	42.48	.004	45.36	.17
PATHOLOGY	1,252	5,553	56,248.55	10.13	.071	44.93	.72
RADIOLOGY	859	1,167	68,661.28	58.84	.015	79.93	.88
ROOM USE	3,292	4,091	150,649.88	36.82	.052	45.76	1.93
CROSSOVERS/ALL OTH OUTPTNT	1,169	2,664	48,627.71	18.25	.034	41.60	.62
@STATE HOSPITAL	7	198	\$ 101,430.69	\$ 512.28	.003	\$ 14490.10	\$ 1.30
MENTALLY ILL	7	198	101,430.69	512.28	.003	14490.10	1.30
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	6	\$ 990.79	\$ 165.13	.000	\$ 495.40	\$.01
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	6	751.92	125.32	.000	751.92	.01
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	238.87	.00	.000	238.87	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	13	\$ 1,863.56	\$ 143.35	.000	\$ 1863.56	\$.02
HOSPITAL BASED	1	13	1,863.56	143.35	.000	1863.56	.02
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	81	860	\$ 16,697.49	\$ 19.42	.011	\$ 206.14	\$.21
HOSPITAL BASED	39	114	4,573.22	40.12	.001	117.26	.06

INDEPENDENT FACILITY	42	746		12,124.27	16.25	.010	288.67	.16
@LABORATORY FACILITY	2,096	5,643	\$	67,946.56	\$ 12.04	.072	\$ 32.42	\$.87
PATHOLOGY	2,096	5,643		67,946.56	12.04	.072	32.42	.87
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,847	4,394	\$	242,722.26	\$ 55.24	.056	\$ 131.41	\$ 3.11
CLINIC	926	2,847		78,654.65	27.63	.036	84.94	1.01
SURGICENTER	53	306		10,083.91	32.95	.004	190.26	.13
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	876	1,241		153,983.70	124.08	.016	175.78	1.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,736
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W							

78,093 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,986	102,666	\$ 330,752.92	\$ 3.22	1.315	\$ 166.54	\$ 4.24
DURABLE MED. EQUIP.	150	577	45,206.24	78.35	.007	301.37	.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	328	2,292	46,865.97	20.45	.029	142.88	.60
AMBULANCES/AIR TRANS	325	2,255	37,778.00	16.75	.029	116.24	.48
OTHER TRANS	1	30	68.21	2.27	.000	68.21	.00
OTHER SERVICES	7	7	9,019.76	1288.54	.000	1288.54	.12
ACUPUNCTURE	1	1	12.17	12.17	.000	12.17	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	127	127	13,335.00	105.00	.002	105.00	.17
IHMC,MODEL-NF,NF,AIDS,MSSP	1	18	582.30	32.35	.000	582.30	.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	629	1,361	11,533.10	8.47	.017	18.34	.15
PHYSICAL THERAPIST	3	12	237.91	19.83	.000	79.30	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	20	75	22,651.63	302.02	.001	1132.58	.29
PROSTHETICS	20	75	22,651.63	302.02	.001	1132.58	.29
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	7	35	1,423.33	40.67	.000	203.33	.02
SPEECH AND AUDIOLOGY	26	71	3,526.02	49.66	.001	135.62	.05
HOSPICE SERVICES	1	1	136.14	136.14	.000	136.14	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	568	15,874	74,240.50	4.68	.203	130.71	.95
EPSDT SUPPLEMENTAL SERVICE	20	2,695	76,364.49	28.34	.035	3818.22	.98
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	145	79,527	34,638.12	.44	1.018	238.88	.44
@CALIF. CHILDREN SERVICES*	960	27,132	\$ 2,122,483.91	\$ 78.23	.347	\$ 2210.92	\$ 27.18
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 238.87	\$.00	.000	\$ 238.87	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,737
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MIC - SOC							

530 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	839	10,601	\$ 715,649.00	\$ 67.51	20.002	\$ 852.98	\$ 1350.28
@PHYSICIANS SERVICES	396	1,501	\$ 75,023.39	\$ 49.98	2.832	\$ 189.45	\$ 141.55

OUTPATIENT VISITS	224	272	13,750.42	50.55	.513	61.39	25.94
OFFICE VISITS	57	75	2,877.23	38.36	.142	50.48	5.43
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	156	167	9,867.71	59.09	.315	63.25	18.62
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2	216.61	108.31	.004	216.61	.41
OTHER OUTPATIENT	18	28	788.87	28.17	.053	43.83	1.49
INPATIENT VISITS	65	258	13,174.40	51.06	.487	202.68	24.86
HOSPITAL VISITS	57	204	8,379.91	41.08	.385	147.02	15.81
CRITICAL CARE	8	18	3,153.69	175.21	.034	394.21	5.95
SNF/ICF/TRANS IP CARE	6	36	1,640.80	45.58	.068	273.47	3.10
OPHTHALMOLOGICAL SERVICES	3	3	74.30	24.77	.006	24.77	.14
EXAMINATIONS	2	2	54.30	27.15	.004	27.15	.10
SERVICES AND MATERIALS	1	1	20.00	20.00	.002	20.00	.04
INPATIENT HOSPITAL SURGERY	42	292	23,421.47	80.21	.551	557.65	44.19
PRINCIPAL SURGEON	22	39	17,271.21	442.85	.074	785.06	32.59
ASSISTANT SURGEON	3	3	251.65	83.88	.006	83.88	.47
ANESTHESIOLOGIST	28	250	5,898.61	23.59	.472	210.66	11.13
OUTPATIENT SURGERY	41	87	7,068.93	81.25	.164	172.41	13.34
PRINCIPAL SURGEON	33	36	5,629.92	156.39	.068	170.60	10.62
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	51	1,439.01	28.22	.096	130.82	2.72
DIALYSIS	4	10	932.56	93.26	.019	233.14	1.76
PATHOLOGY	38	90	1,898.51	21.09	.170	49.96	3.58
RADIOLOGY	135	255	7,775.55	30.49	.481	57.60	14.67
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	99	613.79	6.20	.187	68.20	1.16
OTHER SERVICES/ALL X-OVERS	68	135	6,313.46	46.77	.255	92.85	11.91
@PHARMACY	111	790	18,667.09	23.63	1.491	168.17	35.22
PRESCRIPTION DRUGS	109	335	16,315.58	48.70	.632	149.68	30.78
SNF/ICF	17	101	6,410.37	63.47	.191	377.08	12.10
OUTPATIENTS	95	234	9,905.21	42.33	.442	104.27	18.69
MEDICAL SUPPLIES	9	455	2,351.51	5.17	.858	261.28	4.44
@DENTIST	69	408	11,548.00	28.30	.770	167.36	21.79
VISITS - DIAGNOSTIC	47	217	2,008.00	9.25	.409	42.72	3.79
ORAL SURGERY	22	61	3,730.00	61.15	.115	169.55	7.04
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	.00	.00	.004	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	7	11	1,499.00	136.27	.021	214.14	2.83
RESTORATIVE DENTISTRY	29	104	4,206.00	40.44	.196	145.03	7.94
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	.00	.00	.004	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	7	8	105.00	13.13	.015	15.00	.20
ALL OTHER SERVICES	2	3	.00	.00	.006	.00	.00

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530 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	19	\$ 396.04	\$ 20.84	.036	\$ 56.58	\$.75
DIAGNOSTIC AND ANC. PROCED	4	4	181.79	45.45	.008	45.45	.34

EYE APPLIANCES	5	15		214.25	14.28	.028	42.85	.40
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	558	\$	12,205.90	21.87	1.053	\$ 6102.95	\$ 23.03
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	334	1,897	\$	272,656.35	143.73	3.579	\$ 816.34	\$ 514.45
HOSP INPATIENT TOTAL	54	210		236,898.96	1128.09	.396	4387.02	446.98
HSC HOSPITALS	50	197		222,737.06	1130.64	.372	4454.74	420.26
NON-HSC HOSPITAL TOTAL	4	13		14,161.90	1089.38	.025	3540.48	26.72
ACCOMMODATIONS	4	13		7,193.05	553.31	.025	1798.26	13.57
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	13		7,193.05	553.31	.025	1798.26	13.57
ANCILLARIES	4	0		6,968.85	.00	.000	1742.21	13.15
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	287	1,687		35,757.39	21.20	3.183	124.59	67.47
MEDICAL	77	105		4,232.95	40.31	.198	54.97	7.99
SURGERY	46	46		1,277.55	27.77	.087	27.77	2.41
PATHOLOGY	138	746		5,955.02	7.98	1.408	43.15	11.24
RADIOLOGY	103	179		12,590.86	70.34	.338	122.24	23.76
ROOM USE	230	270		7,634.54	28.28	.509	33.19	14.40
CROSSOVERS/ALL OTH OUTPTNT	148	341		4,066.47	11.93	.643	27.48	7.67
@COUNTY HOSPITAL TOTAL	4	10	\$	614.77	61.48	.019	\$ 153.69	\$ 1.16
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	10		614.77	61.48	.019	153.69	1.16
MEDICAL	3	4		341.76	85.44	.008	113.92	.64
SURGERY	1	1		127.87	127.87	.002	127.87	.24
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	4	5		145.14	29.03	.009	36.29	.27
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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530 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	330	1,887	\$	272,041.58	\$ 144.17	3.560	\$ 824.37	\$ 513.29
COMM HOSP INPATIENT TOTAL	54	210		236,898.96	1128.09	.396	4387.02	446.98
HSC HOSPITALS	50	197		222,737.06	1130.64	.372	4454.74	420.26
NON-HSC HOSPITALS TOTAL	4	13		14,161.90	1089.38	.025	3540.48	26.72
ACCOMMODATIONS	4	13		7,193.05	553.31	.025	1798.26	13.57
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	13		7,193.05	553.31	.025	1798.26	13.57
ANCILLARIES	4	0		6,968.85	.00	.000	1742.21	13.15
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	283	1,677		35,142.62	20.96	3.164	124.18	66.31
MEDICAL	74	101		3,891.19	38.53	.191	52.58	7.34
SURGERY	45	45		1,149.68	25.55	.085	25.55	2.17
PATHOLOGY	138	746		5,955.02	7.98	1.408	43.15	11.24
RADIOLOGY	103	179		12,590.86	70.34	.338	122.24	23.76
ROOM USE	226	265		7,489.40	28.26	.500	33.14	14.13
CROSSOVERS/ALL OTH OUTPTNT	148	341		4,066.47	11.93	.643	27.48	7.67
@STATE HOSPITAL	2	68	\$	41,073.71	\$ 604.03	.128	\$ 20536.86	\$ 77.50
MENTALLY ILL	2	68		41,073.71	604.03	.128	20536.86	77.50
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	9	398	\$	244,328.22	\$ 613.89	.751	\$ 27147.58	\$ 461.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	9	398		244,328.22	613.89	.751	27147.58	461.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	385	\$	9,995.19	\$	25.96	.726	\$ 1427.88	\$ 18.86
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	7	385		9,995.19		25.96	.726	1427.88	18.86
@REHABILITATION FACILITY	4	9	\$	184.46	\$	20.50	.017	\$ 46.12	\$.35
HOSPITAL BASED	3	5		114.03		22.81	.009	38.01	.22
INDEPENDENT FACILITY	1	4		70.43		17.61	.008	70.43	.13
@LABORATORY FACILITY	27	177	\$	2,033.18	\$	11.49	.334	\$ 75.30	\$ 3.84
PATHOLOGY	27	177		2,033.18		11.49	.334	75.30	3.84
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	46	\$	2,196.61	\$	47.75	.087	\$ 168.97	\$ 4.14
CLINIC	8	29		1,142.54		39.40	.055	142.82	2.16
SURGICENTER	3	15		531.55		35.44	.028	177.18	1.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		522.52		261.26	.004	261.26	.99

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530 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	79	4,345	\$ 25,340.86	\$ 5.83	8.198	\$ 320.77	\$ 47.81
DURABLE MED. EQUIP.	5	7	317.72	45.39	.013	63.54	.60
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	49	4,098	21,318.03	5.20	7.732	435.06	40.22
AMBULANCES/AIR TRANS	44	380	7,826.07	20.59	.717	177.87	14.77
OTHER TRANS	5	3,712	6,722.20	1.81	7.004	1344.44	12.68
OTHER SERVICES	5	6	6,769.76	1128.29	.011	1353.95	12.77
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	36.90	6.15	.011	18.45	.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	6	979.96	163.33	.011	979.96	1.85
PROSTHETICS	1	6	979.96	163.33	.011	979.96	1.85
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	889.84	148.31	.011	296.61	1.68
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	18	218	1,619.20	7.43	.411	89.96	3.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	4	179.21	44.80	.008	89.61	.34
@CALIF. CHILDREN SERVICES*	59	6,954	\$ 156,780.87	\$ 22.55	13.121	\$ 2657.30	\$ 295.81
@XOVER EXCLUDING STATE HOSP**	3	4	\$ 1,109.90	\$ 277.48	.008	\$ 369.97	\$ 2.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

78,623 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30,088	250,861	\$ 8,162,929.31	\$ 32.54	3.191	\$ 271.30	\$ 103.82
@PHYSICIANS SERVICES	12,542	27,355	\$ 1,189,448.25	\$ 43.48	.348	\$ 94.84	\$ 15.13
OUTPATIENT VISITS	10,412	13,119	469,842.53	35.81	.167	45.13	5.98
OFFICE VISITS	7,523	9,108	299,010.48	32.83	.116	39.75	3.80
HOME VISITS	23	24	834.95	34.79	.000	36.30	.01
EMERGENCY ROOM	1,758	1,905	101,681.03	53.38	.024	57.84	1.29
PREVENTIVE CARE	19	19	893.20	47.01	.000	47.01	.01
OB VISITS/COMPRE PERI	274	592	34,189.17	57.75	.008	124.78	.43
OTHER OUTPATIENT	1,182	1,471	33,233.70	22.59	.019	28.12	.42
INPATIENT VISITS	715	2,920	247,675.99	84.82	.037	346.40	3.15
HOSPITAL VISITS	659	1,819	88,589.69	48.70	.023	134.43	1.13
CRITICAL CARE	98	1,063	157,400.55	148.07	.014	1606.13	2.00
SNF/ICF/TRANS IP CARE	8	38	1,685.75	44.36	.000	210.72	.02
OPHTHALMOLOGICAL SERVICES	149	175	7,882.51	45.04	.002	52.90	.10
EXAMINATIONS	137	163	7,684.93	47.15	.002	56.09	.10
SERVICES AND MATERIALS	12	12	197.58	16.47	.000	16.47	.00
INPATIENT HOSPITAL SURGERY	286	1,557	155,594.50	99.93	.020	544.04	1.98
PRINCIPAL SURGEON	180	247	117,796.77	476.91	.003	654.43	1.50
ASSISTANT SURGEON	20	20	3,459.53	172.98	.000	172.98	.04
ANESTHESIOLOGIST	150	1,290	34,338.20	26.62	.016	228.92	.44
OUTPATIENT SURGERY	562	1,232	87,890.65	71.34	.016	156.39	1.12
PRINCIPAL SURGEON	477	560	69,357.78	123.85	.007	145.40	.88
ASSISTANT SURGEON	1	1	252.77	252.77	.000	252.77	.00
ANESTHESIOLOGIST	142	671	18,280.10	27.24	.009	128.73	.23
DIALYSIS	4	10	932.56	93.26	.000	233.14	.01
PATHOLOGY	642	1,208	13,818.84	11.44	.015	21.52	.18
RADIOLOGY	1,778	3,309	115,972.41	35.05	.042	65.23	1.48
PSYCHIATRY	6	10	331.37	33.14	.000	55.23	.00
IMMUNIZATION AND INJECTION	136	357	5,363.01	15.02	.005	39.43	.07
OTHER SERVICES/ALL X-OVERS	1,085	3,458	84,143.88	24.33	.044	77.55	1.07
@PHARMACY	12,358	57,051	\$ 1,565,491.42	\$ 27.44	.726	\$ 126.68	\$ 19.91
PRESCRIPTION DRUGS	12,256	25,000	1,495,856.93	59.83	.318	122.05	19.03
SNF/ICF	51	244	22,333.01	91.53	.003	437.90	.28
OUTPATIENTS	12,221	24,756	1,473,523.92	59.52	.315	120.57	18.74
MEDICAL SUPPLIES	437	32,051	69,634.49	2.17	.408	159.35	.89
@DENTIST	2,833	19,455	\$ 450,503.44	\$ 23.16	.247	\$ 159.02	\$ 5.73
VISITS - DIAGNOSTIC	2,206	14,430	195,366.32	13.54	.184	88.56	2.48
ORAL SURGERY	405	890	50,239.75	56.45	.011	124.05	.64
DRUGS	54	65	1,340.00	20.62	.001	24.81	.02
ANESTHESIA	8	9	700.00	77.78	.000	87.50	.01
PERIODONTICS	8	9	802.00	89.11	.000	100.25	.01
ENDODONTICS	189	351	38,844.69	110.67	.004	205.53	.49
RESTORATIVE DENTISTRY	978	3,265	149,167.03	45.69	.042	152.52	1.90
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	8	330.00	41.25	.000	165.00	.00
SPACE MAINTAINERS	31	38	4,511.00	118.71	.000	145.52	.06
MAXILLOFACIAL SERVICES	7	10	430.15	43.02	.000	61.45	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	141	225	8,097.50	35.99	.003	57.43	.10
ALL OTHER SERVICES	88	155	675.00	4.35	.002	7.67	.01

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

78,623 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	514	1,413	\$ 31,677.09	\$ 22.42	.018		\$ 61.63	\$.40
DIAGNOSTIC AND ANC. PROCED	386	417	17,239.06	41.34	.005		44.66	.22
EYE APPLIANCES	355	992	14,256.43	14.37	.013		40.16	.18
OTHER OPTOMETRIC SERVICES	4	4	181.60	45.40	.000		45.40	.00
@CHIROPRACTOR	52	89	\$ 1,488.08	\$ 16.72	.001		\$ 28.62	\$.02
VISITS	52	89	1,488.08	16.72	.001		28.62	.02
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	28	43	\$ 1,675.36	\$ 38.96	.001		\$ 59.83	\$.02
MEDICINE/INJECTIONS	24	29	1,404.63	48.44	.000		58.53	.02
SURGERY/ANES.	8	12	236.13	19.68	.000		29.52	.00
RADIO./PATHOLOGY	2	2	34.60	17.30	.000		17.30	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	80	7,298	\$ 213,646.53	\$ 29.27	.093		\$ 2670.58	\$ 2.72
NURSE ANESTHESIST	3	18	\$ 352.80	\$ 19.60	.000		\$ 117.60	\$.00
NURSE MIDWIFE	4	41	\$ 435.51	\$ 10.62	.001		\$ 108.88	\$.01
PEDIATRIC NURSE PRACTITIONER	3	3	\$ 189.18	\$ 63.06	.000		\$ 63.06	\$.00
FAMILY NURSE PRACTITIONER	20	50	\$ 1,301.35	\$ 26.03	.001		\$ 65.07	\$.02
@TOTAL HOSPITAL	4,883	18,837	\$ 3,619,163.80	\$ 192.13	.240		\$ 741.18	\$ 46.03
HOSP INPATIENT TOTAL	429	2,388	3,206,733.96	1342.85	.030		7474.90	40.79
HSC HOSPITALS	408	2,283	3,060,963.76	1340.76	.029		7502.36	38.93
NON-HSC HOSPITAL TOTAL	22	105	145,770.20	1388.29	.001		6625.92	1.85
ACCOMMODATIONS	22	105	89,877.93	855.98	.001		4085.36	1.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	22	105	89,877.93	855.98	.001		4085.36	1.14
ANCILLARIES	22	0	55,892.27	.00	.000		2540.56	.71
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	4,588	16,449	412,429.84	25.07	.209		89.89	5.25
MEDICAL	710	961	40,338.84	41.98	.012		56.82	.51
SURGERY	345	366	14,787.74	40.40	.005		42.86	.19
PATHOLOGY	1,404	6,344	63,165.05	9.96	.081		44.99	.80
RADIOLOGY	965	1,353	81,423.42	60.18	.017		84.38	1.04
ROOM USE	3,550	4,398	159,700.33	36.31	.056		44.99	2.03
CROSSOVERS/ALL OTH OUTPTNT	1,329	3,027	53,014.46	17.51	.039		39.89	.67
@COUNTY HOSPITAL TOTAL	44	156	\$ 18,163.39	\$ 116.43	.002		\$ 412.80	\$.23
CO HOSPITAL INPATIENT TOTAL	2	12	13,780.00	1148.33	.000		6890.00	.18
HSC HOSPITALS	2	12	13,780.00	1148.33	.000		6890.00	.18
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	42	144	4,383.39	30.44	.002		104.37	.06
MEDICAL	20	22	1,113.68	50.62	.000		55.68	.01
SURGERY	5	6	255.62	42.60	.000		51.12	.00
PATHOLOGY	16	45	961.48	21.37	.001		60.09	.01
RADIOLOGY	3	7	171.28	24.47	.000		57.09	.00
ROOM USE	34	42	1,561.05	37.17	.001		45.91	.02

----- MONTHLY AVERAGE -----							
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
78,623 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	4,843	18,681	\$ 3,601,000.41	\$ 192.76	.238	\$ 743.55	\$ 45.80
COMM HOSP INPATIENT TOTAL	427	2,376	3,192,953.96	1343.84	.030	7477.64	40.61
HSC HOSPITALS	406	2,271	3,047,183.76	1341.78	.029	7505.38	38.76
NON-HSC HOSPITALS TOTAL	22	105	145,770.20	1388.29	.001	6625.92	1.85
ACCOMMODATIONS	22	105	89,877.93	855.98	.001	4085.36	1.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	105	89,877.93	855.98	.001	4085.36	1.14
ANCILLARIES	22	0	55,892.27	.00	.000	2540.56	.71
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,549	16,305	408,046.45	25.03	.207	89.70	5.19
MEDICAL	690	939	39,225.16	41.77	.012	56.85	.50
SURGERY	340	360	14,532.12	40.37	.005	42.74	.18
PATHOLOGY	1,390	6,299	62,203.57	9.88	.080	44.75	.79
RADIOLOGY	962	1,346	81,252.14	60.37	.017	84.46	1.03
ROOM USE	3,518	4,356	158,139.28	36.30	.055	44.95	2.01
CROSSOVERS/ALL OTH OUTPTNT	1,317	3,005	52,694.18	17.54	.038	40.01	.67
@STATE HOSPITAL	9	266	\$ 142,504.40	\$ 535.73	.003	\$ 15833.82	\$ 1.81
MENTALLY ILL	9	266	142,504.40	535.73	.003	15833.82	1.81
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	11	404	\$ 245,319.01	\$ 607.23	.005	\$ 22301.73	\$ 3.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	6	751.92	125.32	.000	751.92	.01
LEV B-SUBACUTE FREESTANDING	9	398	244,328.22	613.89	.005	27147.58	3.11
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	238.87	.00	.000	238.87	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	398	\$ 11,858.75	\$ 29.80	.005	\$ 1482.34	\$.15
HOSPITAL BASED	1	13	1,863.56	143.35	.000	1863.56	.02
HEMODIALYSIS CENTER	7	385	9,995.19	25.96	.005	1427.88	.13
@REHABILITATION FACILITY	85	869	\$ 16,881.95	\$ 19.43	.011	\$ 198.61	\$.21
HOSPITAL BASED	42	119	4,687.25	39.39	.002	111.60	.06
INDEPENDENT FACILITY	43	750	12,194.70	16.26	.010	283.60	.16
@LABORATORY FACILITY	2,123	5,820	\$ 69,979.74	\$ 12.02	.074	\$ 32.96	\$.89
PATHOLOGY	2,123	5,820	69,979.74	12.02	.074	32.96	.89
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,860	4,440	\$ 244,918.87	\$ 55.16	.056	\$ 131.68	\$ 3.12
CLINIC	934	2,876	79,797.19	27.75	.037	85.44	1.01
SURGICENTER	56	321	10,615.46	33.07	.004	189.56	.14
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	878	1,243	154,506.22	124.30	.016	175.98	1.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,744
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

78,623 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,065	107,011	\$ 356,093.78	\$ 3.33	1.361	\$ 172.44	\$ 4.53
DURABLE MED. EQUIP.	155	584	45,523.96	77.95	.007	293.70	.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	377	6,390	68,184.00	10.67	.081	180.86	.87
AMBULANCES/AIR TRANS	369	2,635	45,604.07	17.31	.034	123.59	.58
OTHER TRANS	6	3,742	6,790.41	1.81	.048	1131.74	.09
OTHER SERVICES	12	13	15,789.52	1214.58	.000	1315.79	.20
ACUPUNCTURE	1	1	12.17	12.17	.000	12.17	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	127	127	13,335.00	105.00	.002	105.00	.17
IHMC,MODEL-NF,NF,AIDS,MSSP	1	18	582.30	32.35	.000	582.30	.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	631	1,367	11,570.00	8.46	.017	18.34	.15
PHYSICAL THERAPIST	3	12	237.91	19.83	.000	79.30	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	21	81	23,631.59	291.75	.001	1125.31	.30
PROSTHETICS	21	81	23,631.59	291.75	.001	1125.31	.30
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	7	35	1,423.33	40.67	.000	203.33	.02
SPEECH AND AUDIOLOGY	29	77	4,415.86	57.35	.001	152.27	.06
HOSPICE SERVICES	1	1	136.14	136.14	.000	136.14	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	586	16,092	75,859.70	4.71	.205	129.45	.96
EPSDT SUPPLEMENTAL SERVICE	20	2,695	76,364.49	28.34	.034	3818.22	.97
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	147	79,531	34,817.33	.44	1.012	236.85	.44
@CALIF. CHILDREN SERVICES*	1,019	34,086	\$ 2,279,264.78	\$ 66.87	.434	\$ 2236.77	\$ 28.99

@XOVER EXCLUDING STATE HOSP** 4 4 \$ 1,348.77 \$ 337.19 .000 \$ 337.19 \$.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,745

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

40 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	35	173	\$ 7,421.37	\$ 42.90	4.325	\$ 212.04	\$ 185.53
@PHYSICIANS SERVICES	17	28	\$ 794.98	\$ 28.39	.700	\$ 46.76	\$ 19.87
OUTPATIENT VISITS	15	20	572.32	28.62	.500	38.15	14.31
OFFICE VISITS	15	19	553.12	29.11	.475	36.87	13.83
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.025	19.20	.48
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	5	29.75	5.95	.125	7.44	.74
RADIOLOGY	2	2	135.15	67.58	.050	67.58	3.38
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	57.76	57.76	.025	57.76	1.44
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	21	85	\$ 5,292.80	\$ 62.27	2.125	\$ 252.04	\$ 132.32
PRESCRIPTION DRUGS	21	85	5,292.80	62.27	2.125	252.04	132.32
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	21	85	5,292.80	62.27	2.125	252.04	132.32
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,746
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

40 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 37.50	\$ 37.50	.025	\$ 37.50	\$.94
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1	37.50	37.50	.025	37.50	.94
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	22	\$ 417.52	\$ 18.98	.550	\$ 208.76	\$ 10.44
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	22	417.52	18.98	.550	208.76	10.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	21	383.53	18.26	.525	191.77	9.59
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.99	33.99	.025	33.99	.85
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,747
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

40 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	22	\$ 417.52	\$ 18.98	.550	\$ 208.76	\$ 10.44
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	22	417.52	18.98	.550	208.76	10.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	21	383.53	18.26	.525	191.77	9.59
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.99	33.99	.025	33.99	.85
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	32	\$ 312.81	\$ 9.78	.800	\$ 52.14	\$ 7.82
PATHOLOGY	6	32	312.81	9.78	.800	52.14	7.82
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,748
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

40 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	5	\$ 565.76	\$ 113.15	.125	\$ 282.88	\$ 14.14
DURABLE MED. EQUIP.	1	3	549.12	183.04	.075	549.12	13.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.050	16.64	.42
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,749
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

3,227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,225	20,145	\$ 1,872,568.00	\$ 92.95	6.243	\$ 580.64	\$ 580.28
@PHYSICIANS SERVICES	1,710	6,209	\$ 444,609.25	\$ 71.61	1.924	\$ 260.01	\$ 137.78
OUTPATIENT VISITS	1,017	2,247	103,194.22	45.93	.696	101.47	31.98
OFFICE VISITS	337	413	18,404.41	44.56	.128	54.61	5.70
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	164	187	10,963.58	58.63	.058	66.85	3.40
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.01
OB VISITS/COMPRE PERI	579	1,601	72,752.21	45.44	.496	125.65	22.54

OTHER OUTPATIENT	36	45	1,039.33	23.10	.014	28.87	.32
INPATIENT VISITS	219	749	67,458.83	90.07	.232	308.03	20.90
HOSPITAL VISITS	195	409	17,246.96	42.17	.127	88.45	5.34
CRITICAL CARE	28	340	50,211.87	147.68	.105	1793.28	15.56
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	9	269.59	29.95	.003	38.51	.08
EXAMINATIONS	5	7	229.59	32.80	.002	45.92	.07
SERVICES AND MATERIALS	2	2	40.00	20.00	.001	20.00	.01
INPATIENT HOSPITAL SURGERY	292	1,291	183,515.86	142.15	.400	628.48	56.87
PRINCIPAL SURGEON	192	218	150,089.85	688.49	.068	781.72	46.51
ASSISTANT SURGEON	38	38	6,752.70	177.70	.012	177.70	2.09
ANESTHESIOLOGIST	130	1,035	26,673.31	25.77	.321	205.18	8.27
OUTPATIENT SURGERY	146	286	20,447.35	71.49	.089	140.05	6.34
PRINCIPAL SURGEON	125	178	16,585.00	93.17	.055	132.68	5.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	49	108	3,862.35	35.76	.033	78.82	1.20
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	210	309	5,459.56	17.67	.096	26.00	1.69
RADIOLOGY	559	851	51,107.45	60.06	.264	91.43	15.84
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	80	194	3,053.89	15.74	.060	38.17	.95
OTHER SERVICES/ALL X-OVERS	128	273	10,102.50	37.01	.085	78.93	3.13
@PHARMACY	909	2,432	\$ 52,866.02	\$ 21.74	.754	\$ 58.16	\$ 16.38
PRESCRIPTION DRUGS	888	1,948	45,066.01	23.13	.604	50.75	13.97
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	888	1,948	45,066.01	23.13	.604	50.75	13.97
MEDICAL SUPPLIES	60	484	7,800.01	16.12	.150	130.00	2.42
@DENTIST	161	720	\$ 22,449.75	\$ 31.18	.223	\$ 139.44	\$ 6.96
VISITS - DIAGNOSTIC	127	483	7,584.50	15.70	.150	59.72	2.35
ORAL SURGERY	41	63	3,484.00	55.30	.020	84.98	1.08
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	5	6	379.00	63.17	.002	75.80	.12
ENDODONTICS	9	13	3,622.00	278.62	.004	402.44	1.12
RESTORATIVE DENTISTRY	40	138	6,818.25	49.41	.043	170.46	2.11
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	3	12	532.00	44.33	.004	177.33	.16
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	4	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,750
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
	AID CODE 86						

3,227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	104	\$ 2,317.36	\$ 22.28	.032	\$ 72.42	\$.72
DIAGNOSTIC AND ANC. PROCED	28	29	1,256.82	43.34	.009	44.89	.39
EYE APPLIANCES	26	75	1,060.54	14.14	.023	40.79	.33
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 24.00	\$ 24.00	.000	\$ 24.00	\$.01
MEDICINE/INJECTIONS	1	1	24.00	24.00	.000	24.00	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	4	\$ 176.21	\$ 44.05	.001	\$ 58.74	\$.05
NURSE ANESTHESIST	16	136	\$ 2,437.80	\$ 17.93	.042	\$ 152.36	\$.76
NURSE MIDWIFE	4	12	\$ 371.84	\$ 30.99	.004	\$ 92.96	\$.12
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	\$ 81.20	\$ 40.60	.001	\$ 81.20	\$.03
@TOTAL HOSPITAL	974	5,731	\$ 1,228,283.78	\$ 214.32	1.776	\$ 1261.07	\$ 380.63
HOSP INPATIENT TOTAL	218	835	1,137,302.66	1362.04	.259	5216.98	352.43
HSC HOSPITALS	213	814	1,116,357.10	1371.45	.252	5241.11	345.94
NON-HSC HOSPITAL TOTAL	5	21	20,945.56	997.41	.007	4189.11	6.49
ACCOMMODATIONS	5	21	9,558.41	455.16	.007	1911.68	2.96
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	21	9,558.41	455.16	.007	1911.68	2.96
ANCILLARIES	5	0	11,387.15	.00	.000	2277.43	3.53
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	883	4,896	90,981.12	18.58	1.517	103.04	28.19
MEDICAL	56	70	2,717.96	38.83	.022	48.54	.84
SURGERY	85	138	3,703.02	26.83	.043	43.56	1.15
PATHOLOGY	406	1,766	21,123.42	11.96	.547	52.03	6.55
RADIOLOGY	169	193	13,430.66	69.59	.060	79.47	4.16
ROOM USE	466	652	24,838.93	38.10	.202	53.30	7.70
CROSSOVERS/ALL OTH OUTPTNT	487	2,077	25,167.13	12.12	.644	51.68	7.80
@COUNTY HOSPITAL TOTAL	20	171	\$ 41,139.29	\$ 240.58	.053	\$ 2056.96	\$ 12.75
CO HOSPITAL INPATIENT TOTAL	4	34	37,400.00	1100.00	.011	9350.00	11.59
HSC HOSPITALS	4	34	37,400.00	1100.00	.011	9350.00	11.59
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	19	137	3,739.29	27.29	.042	196.80	1.16
MEDICAL	1	2	164.87	82.44	.001	164.87	.05
SURGERY	6	10	302.04	30.20	.003	50.34	.09
PATHOLOGY	10	64	1,023.48	15.99	.020	102.35	.32
RADIOLOGY	1	1	283.82	283.82	.000	283.82	.09
ROOM USE	10	27	1,562.12	57.86	.008	156.21	.48
CROSSOVERS/ALL OTH OUTPTNT	14	33	402.96	12.21	.010	28.78	.12
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,751 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86							
3,227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	954	5,560	\$ 1,187,144.49	\$ 213.52	1.723	\$ 1244.39	\$ 367.88
COMM HOSP INPATIENT TOTAL	214	801	1,099,902.66	1373.16	.248	5139.73	340.84
HSC HOSPITALS	209	780	1,078,957.10	1383.28	.242	5162.47	334.35
NON-HSC HOSPITALS TOTAL	5	21	20,945.56	997.41	.007	4189.11	6.49
ACCOMMODATIONS	5	21	9,558.41	455.16	.007	1911.68	2.96
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	21	9,558.41	455.16	.007	1911.68	2.96
ANCILLARIES	5	0	11,387.15	.00	.000	2277.43	3.53
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	864	4,759	87,241.83	18.33	1.475	100.97	27.03
MEDICAL	55	68	2,553.09	37.55	.021	46.42	.79
SURGERY	79	128	3,400.98	26.57	.040	43.05	1.05
PATHOLOGY	396	1,702	20,099.94	11.81	.527	50.76	6.23
RADIOLOGY	168	192	13,146.84	68.47	.059	78.26	4.07
ROOM USE	456	625	23,276.81	37.24	.194	51.05	7.21
CROSSOVERS/ALL OTH OUTPTNT	473	2,044	24,764.17	12.12	.633	52.36	7.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	15	\$ 301.92	\$ 20.13	.005	\$ 301.92	\$.09
HOSPITAL BASED	1	15	301.92	20.13	.005	301.92	.09

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	822	2,366	\$ 32,605.48	\$ 13.78	.733	\$ 39.67	\$ 10.10
PATHOLOGY	821	2,365	32,595.98	13.78	.733	39.70	10.10
XO AND OTHERS	1	1	9.50	9.50	.000	9.50	.00
@ORGANIZED OUTPATIENT CLINIC	427	1,985	\$ 66,170.25	\$ 33.34	.615	\$ 154.97	\$ 20.51
CLINIC	406	1,923	61,828.92	32.15	.596	152.29	19.16
SURGICENTER	9	42	1,218.71	29.02	.013	135.41	.38
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	20	3,122.62	156.13	.006	260.22	.97

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,752
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

	3,227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	214		428	\$ 19,873.14	\$ 46.43	.133	\$ 92.87	\$ 6.16
DURABLE MED. EQUIP.	2		4	128.70	32.18	.001	64.35	.04
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1		1	25.00	25.00	.000	25.00	.01
MEDICAL TRANSPORTATION	38		201	4,197.33	20.88	.062	110.46	1.30
AMBULANCES/AIR TRANS	38		200	4,187.45	20.94	.062	110.20	1.30
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	9.88	9.88	.000	9.88	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	139		140	14,700.00	105.00	.043	105.76	4.56
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	35		79	659.22	8.34	.024	18.83	.20
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1		1	144.48	144.48	.000	144.48	.04
PROSTHETICS	1		1	144.48	144.48	.000	144.48	.04
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1		1	10.40	10.40	.000	10.40	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1		1	8.01	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	30		1,216	\$ 378,158.59	\$ 310.99	.377	\$ 12605.29	\$ 117.19
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,753
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	3,267 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,260		20,318	\$ 1,879,989.37	\$ 92.53	6.219	\$ 576.68	\$ 575.45
@PHYSICIANS SERVICES	1,727		6,237	\$ 445,404.23	\$ 71.41	1.909	\$ 257.91	\$ 136.33

OUTPATIENT VISITS	1,032	2,267	103,766.54	45.77	.694	100.55	31.76
OFFICE VISITS	352	432	18,957.53	43.88	.132	53.86	5.80
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	164	187	10,963.58	58.63	.057	66.85	3.36
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.01
OB VISITS/COMPRE PERI	579	1,601	72,752.21	45.44	.490	125.65	22.27
OTHER OUTPATIENT	37	46	1,058.53	23.01	.014	28.61	.32
INPATIENT VISITS	219	749	67,458.83	90.07	.229	308.03	20.65
HOSPITAL VISITS	195	409	17,246.96	42.17	.125	88.45	5.28
CRITICAL CARE	28	340	50,211.87	147.68	.104	1793.28	15.37
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	9	269.59	29.95	.003	38.51	.08
EXAMINATIONS	5	7	229.59	32.80	.002	45.92	.07
SERVICES AND MATERIALS	2	2	40.00	20.00	.001	20.00	.01
INPATIENT HOSPITAL SURGERY	292	1,291	183,515.86	142.15	.395	628.48	56.17
PRINCIPAL SURGEON	192	218	150,089.85	688.49	.067	781.72	45.94
ASSISTANT SURGEON	38	38	6,752.70	177.70	.012	177.70	2.07
ANESTHESIOLOGIST	130	1,035	26,673.31	25.77	.317	205.18	8.16
OUTPATIENT SURGERY	146	286	20,447.35	71.49	.088	140.05	6.26
PRINCIPAL SURGEON	125	178	16,585.00	93.17	.054	132.68	5.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	49	108	3,862.35	35.76	.033	78.82	1.18
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	214	314	5,489.31	17.48	.096	25.65	1.68
RADIOLOGY	561	853	51,242.60	60.07	.261	91.34	15.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	81	195	3,111.65	15.96	.060	38.42	.95
OTHER SERVICES/ALL X-OVERS	128	273	10,102.50	37.01	.084	78.93	3.09
@PHARMACY	930	2,517	\$ 58,158.82	\$ 23.11	.770	\$ 62.54	\$ 17.80
PRESCRIPTION DRUGS	909	2,033	50,358.81	24.77	.622	55.40	15.41
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	909	2,033	50,358.81	24.77	.622	55.40	15.41
MEDICAL SUPPLIES	60	484	7,800.01	16.12	.148	130.00	2.39
@DENTIST	161	720	\$ 22,449.75	\$ 31.18	.220	\$ 139.44	\$ 6.87
VISITS - DIAGNOSTIC	127	483	7,584.50	15.70	.148	59.72	2.32
ORAL SURGERY	41	63	3,484.00	55.30	.019	84.98	1.07
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	6	379.00	63.17	.002	75.80	.12
ENDODONTICS	9	13	3,622.00	278.62	.004	402.44	1.11
RESTORATIVE DENTISTRY	40	138	6,818.25	49.41	.042	170.46	2.09
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	3	12	532.00	44.33	.004	177.33	.16
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	4	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

PAGE 10,754
03/14/05

	3,267 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	33		105	\$ 2,354.86	\$ 22.43	.032	\$ 71.36	\$.72
DIAGNOSTIC AND ANC. PROCED	28		29	1,256.82	43.34	.009	44.89	.38

EYE APPLIANCES	26	75		1,060.54		14.14	.023	40.79	.32
OTHER OPTOMETRIC SERVICES	1	1		37.50		37.50	.000	37.50	.01
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	1	1	\$	24.00	\$	24.00	.000	24.00	.01
MEDICINE/INJECTIONS	1	1		24.00		24.00	.000	24.00	.01
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	3	4	\$	176.21	\$	44.05	.001	58.74	.05
NURSE ANESTHESIST	16	136	\$	2,437.80	\$	17.93	.042	152.36	.75
NURSE MIDWIFE	4	12	\$	371.84	\$	30.99	.004	92.96	.11
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	2	\$	81.20	\$	40.60	.001	81.20	.02
@TOTAL HOSPITAL	976	5,753	\$	1,228,701.30	\$	213.58	1.761	1258.92	376.09
HOSP INPATIENT TOTAL	218	835		1,137,302.66		1362.04	.256	5216.98	348.12
HSC HOSPITALS	213	814		1,116,357.10		1371.45	.249	5241.11	341.71
NON-HSC HOSPITAL TOTAL	5	21		20,945.56		997.41	.006	4189.11	6.41
ACCOMMODATIONS	5	21		9,558.41		455.16	.006	1911.68	2.93
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	5	21		9,558.41		455.16	.006	1911.68	2.93
ANCILLARIES	5	0		11,387.15		.00	.000	2277.43	3.49
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	885	4,918		91,398.64		18.58	1.505	103.28	27.98
MEDICAL	56	70		2,717.96		38.83	.021	48.54	.83
SURGERY	85	138		3,703.02		26.83	.042	43.56	1.13
PATHOLOGY	408	1,787		21,506.95		12.04	.547	52.71	6.58
RADIOLOGY	169	193		13,430.66		69.59	.059	79.47	4.11
ROOM USE	467	653		24,872.92		38.09	.200	53.26	7.61

CROSSOVERS/ALL OTH OUTPTNT	487	2,077		25,167.13	12.12	.636	51.68	7.70
@COUNTY HOSPITAL TOTAL	20	171	\$	41,139.29	\$ 240.58	.052	\$ 2056.96	\$ 12.59
CO HOSPITAL INPATIENT TOTAL	4	34		37,400.00	1100.00	.010	9350.00	11.45
HSC HOSPITALS	4	34		37,400.00	1100.00	.010	9350.00	11.45
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	19	137		3,739.29	27.29	.042	196.80	1.14
MEDICAL	1	2		164.87	82.44	.001	164.87	.05
SURGERY	6	10		302.04	30.20	.003	50.34	.09
PATHOLOGY	10	64		1,023.48	15.99	.020	102.35	.31
RADIOLOGY	1	1		283.82	283.82	.000	283.82	.09
ROOM USE	10	27		1,562.12	57.86	.008	156.21	.48
CROSSOVERS/ALL OTH OUTPTNT	14	33		402.96	12.21	.010	28.78	.12

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,755
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	3,267 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	956		5,582	\$ 1,187,562.01	\$ 212.75	1.709	\$ 1242.22	\$ 363.50
COMM HOSP INPATIENT TOTAL	214		801	1,099,902.66	1373.16	.245	5139.73	336.67
HSC HOSPITALS	209		780	1,078,957.10	1383.28	.239	5162.47	330.26
NON-HSC HOSPITALS TOTAL	5		21	20,945.56	997.41	.006	4189.11	6.41
ACCOMMODATIONS	5		21	9,558.41	455.16	.006	1911.68	2.93
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5		21	9,558.41	455.16	.006	1911.68	2.93
ANCILLARIES	5		0	11,387.15	.00	.000	2277.43	3.49
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	866		4,781	87,659.35	18.33	1.463	101.22	26.83
MEDICAL	55		68	2,553.09	37.55	.021	46.42	.78
SURGERY	79		128	3,400.98	26.57	.039	43.05	1.04
PATHOLOGY	398		1,723	20,483.47	11.89	.527	51.47	6.27
RADIOLOGY	168		192	13,146.84	68.47	.059	78.26	4.02
ROOM USE	457		626	23,310.80	37.24	.192	51.01	7.14
CROSSOVERS/ALL OTH OUTPTNT	473		2,044	24,764.17	12.12	.626	52.36	7.58
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	1		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	1		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	15	\$	301.92	\$ 20.13	.005	\$ 301.92	\$.09
HOSPITAL BASED	1	15		301.92	20.13	.005	301.92	.09
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	828	2,398	\$	32,918.29	\$ 13.73	.734	\$ 39.76	\$ 10.08
PATHOLOGY	827	2,397		32,908.79	13.73	.734	39.79	10.07
XO AND OTHERS	1	1		9.50	9.50	.000	9.50	.00
@ORGANIZED OUTPATIENT CLINIC	427	1,985	\$	66,170.25	\$ 33.34	.608	\$ 154.97	\$ 20.25
CLINIC	406	1,923		61,828.92	32.15	.589	152.29	18.93
SURGICENTER	9	42		1,218.71	29.02	.013	135.41	.37
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	20		3,122.62	156.13	.006	260.22	.96

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,756
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	3,267 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	216	433	\$	20,438.90	\$ 47.20	.133	\$ 94.62	\$ 6.26
DURABLE MED. EQUIP.	3	7		677.82	96.83	.002	225.94	.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		25.00	25.00	.000	25.00	.01
MEDICAL TRANSPORTATION	38	201		4,197.33	20.88	.062	110.46	1.28
AMBULANCES/AIR TRANS	38	200		4,187.45	20.94	.061	110.20	1.28
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		9.88	9.88	.000	9.88	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	139	140		14,700.00	105.00	.043	105.76	4.50
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	36	81		675.86	8.34	.025	18.77	.21
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1		144.48	144.48	.000	144.48	.04
PROSTHETICS	1	1		144.48	144.48	.000	144.48	.04
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1		10.40	10.40	.000	10.40	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		8.01	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	30	1,216	\$	378,158.59	\$ 310.99	.372	\$ 12605.29	\$ 115.75
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,757
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

320 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	406	16,423	\$ 1,291,614.94	\$ 78.65	51.322		\$ 3181.32	\$ 4036.30
@PHYSICIANS SERVICES	115	326	\$ 14,453.89	\$ 44.34	1.019		\$ 125.69	\$ 45.17
OUTPATIENT VISITS	31	47	2,791.02	59.38	.147		90.03	8.72
OFFICE VISITS	10	17	615.33	36.20	.053		61.53	1.92
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	20	27	2,091.77	77.47	.084		104.59	6.54
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	3	3	83.92	27.97	.009		27.97	.26
INPATIENT VISITS	50	136	4,445.78	32.69	.425		88.92	13.89
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	50	136	4,445.78	32.69	.425		88.92	13.89
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.003		57.79	.18
EXAMINATIONS	1	1	57.79	57.79	.003		57.79	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	11	34	3,084.11	90.71	.106		280.37	9.64
PRINCIPAL SURGEON	8	13	2,458.14	189.09	.041		307.27	7.68
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	4	21	625.97	29.81	.066		156.49	1.96
DIALYSIS	2	12	1,637.63	136.47	.038		818.82	5.12
PATHOLOGY	8	23	128.80	5.60	.072		16.10	.40
RADIOLOGY	33	51	1,754.47	34.40	.159		53.17	5.48
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	18	22	554.29	25.20	.069		30.79	1.73
@PHARMACY	244	7,234	\$ 169,880.68	\$ 23.48	22.606		\$ 696.23	\$ 530.88
PRESCRIPTION DRUGS	242	2,273	167,417.02	73.65	7.103		691.81	523.18
SNF/ICF	190	1,965	139,004.53	70.74	6.141		731.60	434.39
OUTPATIENTS	56	308	28,412.49	92.25	.963		507.37	88.79
MEDICAL SUPPLIES	18	4,961	2,463.66	.50	15.503		136.87	7.70
@DENTIST	19	73	\$ 1,960.00	\$ 26.85	.228		\$ 103.16	\$ 6.13
VISITS - DIAGNOSTIC	18	47	927.00	19.72	.147		51.50	2.90
ORAL SURGERY	5	22	850.00	38.64	.069		170.00	2.66
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	2	4	183.00	45.75	.013		91.50	.57
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

320 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	22	\$ 522.23	\$ 23.74	.069	\$ 65.28	\$ 1.63
DIAGNOSTIC AND ANC. PROCED	8	10	330.31	33.03	.031	41.29	1.03
EYE APPLIANCES	4	12	191.92	15.99	.038	47.98	.60
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 13.00	\$ 13.00	.003	\$ 13.00	\$.04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	1	1	13.00	13.00	.003	13.00	.04
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	4	\$ 140.60	\$ 35.15	.013	\$ 46.87	\$.44
@TOTAL HOSPITAL	65	432	\$ 9,547.88	\$ 22.10	1.350	\$ 146.89	\$ 29.84
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	65	432	9,547.88	22.10	1.350	146.89	29.84
MEDICAL	11	16	717.95	44.87	.050	65.27	2.24
SURGERY	7	9	815.17	90.57	.028	116.45	2.55
PATHOLOGY	49	269	2,612.41	9.71	.841	53.31	8.16
RADIOLOGY	20	30	2,109.81	70.33	.094	105.49	6.59
ROOM USE	22	48	2,124.97	44.27	.150	96.59	6.64
CROSSOVERS/ALL OTH OUTPTNT	17	60	1,167.57	19.46	.188	68.68	3.65
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

320 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	65	432	\$ 9,547.88	\$ 22.10	1.350	\$ 146.89	\$ 29.84
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	65	432	9,547.88	22.10	1.350	146.89	29.84
MEDICAL	11	16	717.95	44.87	.050	65.27	2.24
SURGERY	7	9	815.17	90.57	.028	116.45	2.55
PATHOLOGY	49	269	2,612.41	9.71	.841	53.31	8.16
RADIOLOGY	20	30	2,109.81	70.33	.094	105.49	6.59
ROOM USE	22	48	2,124.97	44.27	.150	96.59	6.64
CROSSOVERS/ALL OTH OUTPTNT	17	60	1,167.57	19.46	.188	68.68	3.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	142	5,928	\$ 1,002,859.20	\$ 169.17	18.525	\$ 7062.39	\$ 3133.94
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	9	619	76,784.08	124.05	1.934	8531.56	239.95
LEV B-SUBACUTE FREESTANDING	5	209	76,510.38	366.08	.653	15302.08	239.09

LEV B-SUBACUTE HSPTL BASED	19	559		318,150.88	569.14	1.747	16744.78	994.22
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	109	4,541		531,413.86	117.03	14.191	4875.36	1660.67
@INTERMEDIATE CARE FACIL.-DD	8	324	\$	51,850.72	\$ 160.03	1.013	\$ 6481.34	\$ 162.03
ICF DDH	6	275		42,923.00	156.08	.859	7153.83	134.13
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	2	49		8,927.72	182.20	.153	4463.86	27.90
@HEMODIALYSIS TOTAL	4	199	\$	15,708.76	\$ 78.94	.622	\$ 3927.19	\$ 49.09
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	199		15,708.76	78.94	.622	3927.19	49.09
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	39	183	\$	1,720.08	\$ 9.40	.572	\$ 44.10	\$ 5.38
PATHOLOGY	39	183		1,720.08	9.40	.572	44.10	5.38
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	17	43	\$	5,824.70	\$ 135.46	.134	\$ 342.63	\$ 18.20
CLINIC	4	6		207.01	34.50	.019	51.75	.65
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13	37		5,617.69	151.83	.116	432.13	17.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,760
MPO24	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC							
	AID CODE 53							

320 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	68	1,654	\$ 17,133.20	\$ 10.36	5.169	\$ 251.96	\$ 53.54
DURABLE MED. EQUIP.	11	176	7,023.52	39.91	.550	638.50	21.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	40	581	8,169.09	14.06	1.816	204.23	25.53
AMBULANCES/AIR TRANS	35	534	6,169.12	11.55	1.669	176.26	19.28
OTHER TRANS	6	46	199.97	4.35	.144	33.33	.62
OTHER SERVICES	1	1	1,800.00	1800.00	.003	1800.00	5.63
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	102.08	10.21	.031	20.42	.32
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	11	29	750.31	25.87	.091	68.21	2.34
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	71.81	35.91	.006	71.81	.22
HOSPICE SERVICES	1	4	499.52	124.88	.013	499.52	1.56
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	852	516.87	.61	2.663	103.37	1.62
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 9 5 \$ 9,157.68 \$ 1831.54 .016 \$ 1017.52 \$ 28.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,761

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	85	342	\$ 50,064.90	\$ 146.39	5.897	\$ 589.00	\$ 863.19	
@PHYSICIANS SERVICES	45	99	\$ 8,713.21	\$ 88.01	1.707	\$ 193.63	\$ 150.23	
OUTPATIENT VISITS	26	36	1,912.10	53.11	.621	73.54	32.97	
OFFICE VISITS	4	4	81.20	20.30	.069	20.30	1.40	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	13	13	736.19	56.63	.224	56.63	12.69	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	6	16	1,034.47	64.65	.276	172.41	17.84	
OTHER OUTPATIENT	3	3	60.24	20.08	.052	20.08	1.04	
INPATIENT VISITS	3	11	425.13	38.65	.190	141.71	7.33	
HOSPITAL VISITS	3	11	425.13	38.65	.190	141.71	7.33	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	8	22	3,913.21	177.87	.379	489.15	67.47	
PRINCIPAL SURGEON	5	5	3,167.02	633.40	.086	633.40	54.60	
ASSISTANT SURGEON	2	2	304.02	152.01	.034	152.01	5.24	
ANESTHESIOLOGIST	3	15	442.17	29.48	.259	147.39	7.62	
OUTPATIENT SURGERY	5	8	1,896.28	237.04	.138	379.26	32.69	
PRINCIPAL SURGEON	5	8	1,896.28	237.04	.138	379.26	32.69	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	5	7	170.63	24.38	.121	34.13	2.94	
RADIOLOGY	9	12	361.42	30.12	.207	40.16	6.23	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	2	3	34.44	11.48	.052	17.22	.59	
@PHARMACY	12	25	\$ 7,701.01	\$ 308.04	.431	\$ 641.75	\$ 132.78	
PRESCRIPTION DRUGS	12	25	7,701.01	308.04	.431	641.75	132.78	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	12	25	7,701.01	308.04	.431	641.75	132.78	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	2	9	\$ 824.00	\$ 91.56	.155	\$ 412.00	\$ 14.21	
VISITS - DIAGNOSTIC	1	3	3.00	1.00	.052	3.00	.05	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	1	3	656.00	218.67	.052	656.00	11.31	
RESTORATIVE DENTISTRY	1	3	165.00	55.00	.052	165.00	2.84	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,762
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 57.20	\$ 57.20	.017	\$ 57.20	\$.99
MEDICINE/INJECTIONS	1	1	57.20	57.20	.017	57.20	.99
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	37	181	\$ 31,903.40	\$ 176.26	3.121	\$ 862.25	\$ 550.06
HOSP INPATIENT TOTAL	8	21	29,012.09	1381.53	.362	3626.51	500.21
HSC HOSPITALS	8	21	29,012.09	1381.53	.362	3626.51	500.21
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31	160	2,891.31	18.07	2.759	93.27	49.85
MEDICAL	8	10	294.68	29.47	.172	36.84	5.08
SURGERY	2	2	221.28	110.64	.034	110.64	3.82
PATHOLOGY	12	87	779.34	8.96	1.500	64.95	13.44
RADIOLOGY	9	10	439.63	43.96	.172	48.85	7.58
ROOM USE	21	25	722.01	28.88	.431	34.38	12.45
CROSSOVERS/ALL OTH OUTPTNT	16	26	434.37	16.71	.448	27.15	7.49
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,763
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37	181	\$ 31,903.40	\$ 176.26	3.121	\$ 862.25	\$ 550.06
COMM HOSP INPATIENT TOTAL	8	21	29,012.09	1381.53	.362	3626.51	500.21
HSC HOSPITALS	8	21	29,012.09	1381.53	.362	3626.51	500.21
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31	160	2,891.31	18.07	2.759	93.27	49.85
MEDICAL	8	10	294.68	29.47	.172	36.84	5.08
SURGERY	2	2	221.28	110.64	.034	110.64	3.82
PATHOLOGY	12	87	779.34	8.96	1.500	64.95	13.44
RADIOLOGY	9	10	439.63	43.96	.172	48.85	7.58
ROOM USE	21	25	722.01	28.88	.431	34.38	12.45
CROSSOVERS/ALL OTH OUTPTNT	16	26	434.37	16.71	.448	27.15	7.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	23	\$ 358.08	\$ 15.57	.397	\$ 59.68	\$ 6.17
PATHOLOGY	6	23	358.08	15.57	.397	59.68	6.17
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$ 157.49	\$ 78.75	.034	\$ 78.75	\$ 2.72
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2	157.49	78.75	.034	78.75	2.72

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,764
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	2	\$ 350.51	\$ 175.26	.034	\$ 116.84	\$ 6.04
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	1	245.51	245.51	.017	122.76	4.23
AMBULANCES/AIR TRANS	2	1	245.51	245.51	.017	122.76	4.23
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.017	105.00	1.81
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,765
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

	378 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	491	16,765	\$	1,341,679.84	\$ 80.03	44.352	\$ 2732.55	\$ 3549.42
@PHYSICIANS SERVICES	160	425	\$	23,167.10	\$ 54.51	1.124	\$ 144.79	\$ 61.29
OUTPATIENT VISITS	57	83		4,703.12	56.66	.220	82.51	12.44
OFFICE VISITS	14	21		696.53	33.17	.056	49.75	1.84
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	33	40		2,827.96	70.70	.106	85.70	7.48
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	16		1,034.47	64.65	.042	172.41	2.74
OTHER OUTPATIENT	6	6		144.16	24.03	.016	24.03	.38
INPATIENT VISITS	53	147		4,870.91	33.14	.389	91.90	12.89
HOSPITAL VISITS	3	11		425.13	38.65	.029	141.71	1.12
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	50	136		4,445.78	32.69	.360	88.92	11.76
OPHTHALMOLOGICAL SERVICES	1	1		57.79	57.79	.003	57.79	.15
EXAMINATIONS	1	1		57.79	57.79	.003	57.79	.15
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	22		3,913.21	177.87	.058	489.15	10.35
PRINCIPAL SURGEON	5	5		3,167.02	633.40	.013	633.40	8.38
ASSISTANT SURGEON	2	2		304.02	152.01	.005	152.01	.80
ANESTHESIOLOGIST	3	15		442.17	29.48	.040	147.39	1.17
OUTPATIENT SURGERY	16	42		4,980.39	118.58	.111	311.27	13.18
PRINCIPAL SURGEON	13	21		4,354.42	207.35	.056	334.96	11.52
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	21		625.97	29.81	.056	156.49	1.66
DIALYSIS	2	12		1,637.63	136.47	.032	818.82	4.33
PATHOLOGY	13	30		299.43	9.98	.079	23.03	.79
RADIOLOGY	42	63		2,115.89	33.59	.167	50.38	5.60
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	20	25		588.73	23.55	.066	29.44	1.56
@PHARMACY	256	7,259	\$	177,581.69	\$ 24.46	19.204	\$ 693.68	\$ 469.79
PRESCRIPTION DRUGS	254	2,298		175,118.03	76.20	6.079	689.44	463.28
SNF/ICF	190	1,965		139,004.53	70.74	5.198	731.60	367.74
OUTPATIENTS	68	333		36,113.50	108.45	.881	531.08	95.54
MEDICAL SUPPLIES	18	4,961		2,463.66	.50	13.124	136.87	6.52
@DENTIST	21	82	\$	2,784.00	\$ 33.95	.217	\$ 132.57	\$ 7.37
VISITS - DIAGNOSTIC	19	50		930.00	18.60	.132	48.95	2.46
ORAL SURGERY	5	22		850.00	38.64	.058	170.00	2.25
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	3	656.00	218.67	.008	656.00	1.74
RESTORATIVE DENTISTRY	3	7	348.00	49.71	.019	116.00	.92
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,766
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

378 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	8	22	\$ 522.23	\$ 23.74	.058	\$ 65.28	\$ 1.38	
DIAGNOSTIC AND ANC. PROCED	8	10	330.31	33.03	.026	41.29	.87	
EYE APPLIANCES	4	12	191.92	15.99	.032	47.98	.51	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	2	2	\$ 70.20	\$ 35.10	.005	\$ 35.10	\$.19	
MEDICINE/INJECTIONS	1	1	57.20	57.20	.003	57.20	.15	
SURGERY/ANES.	1	1	13.00	13.00	.003	13.00	.03	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	3	4	\$ 140.60	\$ 35.15	.011	\$ 46.87	\$.37	
@TOTAL HOSPITAL	102	613	\$ 41,451.28	\$ 67.62	1.622	\$ 406.39	\$ 109.66	
HOSP INPATIENT TOTAL	8	21	29,012.09	1381.53	.056	3626.51	76.75	
HSC HOSPITALS	8	21	29,012.09	1381.53	.056	3626.51	76.75	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	96	592	12,439.19	21.01	1.566	129.57	32.91	
MEDICAL	19	26	1,012.63	38.95	.069	53.30	2.68	
SURGERY	9	11	1,036.45	94.22	.029	115.16	2.74	
PATHOLOGY	61	356	3,391.75	9.53	.942	55.60	8.97	
RADIOLOGY	29	40	2,549.44	63.74	.106	87.91	6.74	
ROOM USE	43	73	2,846.98	39.00	.193	66.21	7.53	
CROSSOVERS/ALL OTH OUTPTNT	33	86	1,601.94	18.63	.228	48.54	4.24	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,767
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

					----- MONTHLY AVERAGE -----			
378 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	102	613	\$ 41,451.28	\$ 67.62	1.622	\$ 406.39	\$ 109.66	
COMM HOSP INPATIENT TOTAL	8	21	29,012.09	1381.53	.056	3626.51	76.75	
HSC HOSPITALS	8	21	29,012.09	1381.53	.056	3626.51	76.75	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	96	592	12,439.19	21.01	1.566	129.57	32.91	
MEDICAL	19	26	1,012.63	38.95	.069	53.30	2.68	
SURGERY	9	11	1,036.45	94.22	.029	115.16	2.74	
PATHOLOGY	61	356	3,391.75	9.53	.942	55.60	8.97	
RADIOLOGY	29	40	2,549.44	63.74	.106	87.91	6.74	
ROOM USE	43	73	2,846.98	39.00	.193	66.21	7.53	
CROSSOVERS/ALL OTH OUTPTNT	33	86	1,601.94	18.63	.228	48.54	4.24	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	142	5,928	\$ 1,002,859.20	\$ 169.17	15.683	\$ 7062.39	\$ 2653.07	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	9	619	76,784.08	124.05	1.638	8531.56	203.13	
LEV B-SUBACUTE FREESTANDING	5	209	76,510.38	366.08	.553	15302.08	202.41	
LEV B-SUBACUTE HSPTL BASED	19	559	318,150.88	569.14	1.479	16744.78	841.67	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	109	4,541	531,413.86	117.03	12.013	4875.36	1405.86	
@INTERMEDIATE CARE FACIL.-DD	8	324	\$ 51,850.72	\$ 160.03	.857	\$ 6481.34	\$ 137.17	
ICF DDH	6	275	42,923.00	156.08	.728	7153.83	113.55	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	2	49	8,927.72	182.20	.130	4463.86	23.62	
@HEMODIALYSIS TOTAL	4	199	\$ 15,708.76	\$ 78.94	.526	\$ 3927.19	\$ 41.56	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	4	199	15,708.76	78.94	.526	3927.19	41.56	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	45	206	\$ 2,078.16	\$ 10.09	.545	\$ 46.18	\$ 5.50
PATHOLOGY	45	206	2,078.16	10.09	.545	46.18	5.50
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	19	45	\$ 5,982.19	\$ 132.94	.119	\$ 314.85	\$ 15.83
CLINIC	4	6	207.01	34.50	.016	51.75	.55
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	15	39	5,775.18	148.08	.103	385.01	15.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,768
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

	378 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	71		1,656	\$ 17,483.71	\$ 10.56	4.381	\$ 246.25	\$ 46.25
DURABLE MED. EQUIP.	11		176	7,023.52	39.91	.466	638.50	18.58
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	42		582	8,414.60	14.46	1.540	200.35	22.26
AMBULANCES/AIR TRANS	37		535	6,414.63	11.99	1.415	173.37	16.97
OTHER TRANS	6		46	199.97	4.35	.122	33.33	.53
OTHER SERVICES	1		1	1,800.00	1800.00	.003	1800.00	4.76
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1		1	105.00	105.00	.003	105.00	.28
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	5		10	102.08	10.21	.026	20.42	.27
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	11		29	750.31	25.87	.077	68.21	1.98
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1		2	71.81	35.91	.005	71.81	.19
HOSPICE SERVICES	1		4	499.52	124.88	.011	499.52	1.32
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5		852	516.87	.61	2.254	103.37	1.37
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	9		5	\$ 9,157.68	\$ 1831.54	.013	\$ 1017.52	\$ 24.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,769
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE	

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,770
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,771
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,772
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

3,645 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,751	37,083	\$ 3,221,669.21	\$ 86.88	10.174	\$ 858.88	\$ 883.86
@PHYSICIANS SERVICES	1,887	6,662	\$ 468,571.33	\$ 70.33	1.828	\$ 248.32	\$ 128.55
OUTPATIENT VISITS	1,089	2,350	108,469.66	46.16	.645	99.60	29.76
OFFICE VISITS	366	453	19,654.06	43.39	.124	53.70	5.39
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	197	227	13,791.54	60.76	.062	70.01	3.78
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.01
OB VISITS/COMPRE PERI	585	1,617	73,786.68	45.63	.444	126.13	20.24
OTHER OUTPATIENT	43	52	1,202.69	23.13	.014	27.97	.33
INPATIENT VISITS	272	896	72,329.74	80.73	.246	265.92	19.84
HOSPITAL VISITS	198	420	17,672.09	42.08	.115	89.25	4.85
CRITICAL CARE	28	340	50,211.87	147.68	.093	1793.28	13.78
SNF/ICF/TRANS IP CARE	50	136	4,445.78	32.69	.037	88.92	1.22
OPHTHALMOLOGICAL SERVICES	8	10	327.38	32.74	.003	40.92	.09
EXAMINATIONS	6	8	287.38	35.92	.002	47.90	.08
SERVICES AND MATERIALS	2	2	40.00	20.00	.001	20.00	.01
INPATIENT HOSPITAL SURGERY	300	1,313	187,429.07	142.75	.360	624.76	51.42
PRINCIPAL SURGEON	197	223	153,256.87	687.25	.061	777.95	42.05
ASSISTANT SURGEON	40	40	7,056.72	176.42	.011	176.42	1.94
ANESTHESIOLOGIST	133	1,050	27,115.48	25.82	.288	203.88	7.44
OUTPATIENT SURGERY	162	328	25,427.74	77.52	.090	156.96	6.98
PRINCIPAL SURGEON	138	199	20,939.42	105.22	.055	151.73	5.74
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	53	129	4,488.32	34.79	.035	84.69	1.23
DIALYSIS	2	12	1,637.63	136.47	.003	818.82	.45
PATHOLOGY	227	344	5,788.74	16.83	.094	25.50	1.59
RADIOLOGY	603	916	53,358.49	58.25	.251	88.49	14.64
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	81	195	3,111.65	15.96	.053	38.42	.85
OTHER SERVICES/ALL X-OVERS	148	298	10,691.23	35.88	.082	72.24	2.93
@PHARMACY	1,186	9,776	\$ 235,740.51	\$ 24.11	2.682	\$ 198.77	\$ 64.68
PRESCRIPTION DRUGS	1,163	4,331	225,476.84	52.06	1.188	193.88	61.86
SNF/ICF	190	1,965	139,004.53	70.74	.539	731.60	38.14
OUTPATIENTS	977	2,366	86,472.31	36.55	.649	88.51	23.72
MEDICAL SUPPLIES	78	5,445	10,263.67	1.88	1.494	131.59	2.82
@DENTIST	182	802	\$ 25,233.75	\$ 31.46	.220	\$ 138.65	\$ 6.92
VISITS - DIAGNOSTIC	146	533	8,514.50	15.97	.146	58.32	2.34
ORAL SURGERY	46	85	4,334.00	50.99	.023	94.22	1.19
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	6	379.00	63.17	.002	75.80	.10
ENDODONTICS	10	16	4,278.00	267.38	.004	427.80	1.17
RESTORATIVE DENTISTRY	43	145	7,166.25	49.42	.040	166.66	1.97
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	3	12	532.00	44.33	.003	177.33	.15
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	4	.00	.00	.001	.00	.00

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

3,645 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	41	127	\$ 2,877.09	\$ 22.65	.035	\$ 70.17	\$.79
DIAGNOSTIC AND ANC. PROCED	36	39	1,587.13	40.70	.011	44.09	.44
EYE APPLIANCES	30	87	1,252.46	14.40	.024	41.75	.34
OTHER OPTOMETRIC SERVICES	1	1	37.50	37.50	.000	37.50	.01
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 94.20	\$ 31.40	.001	\$ 31.40	\$.03
MEDICINE/INJECTIONS	2	2	81.20	40.60	.001	40.60	.02
SURGERY/ANES.	1	1	13.00	13.00	.000	13.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	4	\$ 176.21	\$ 44.05	.001	\$ 58.74	\$.05
NURSE ANESTHESIST	16	136	\$ 2,437.80	\$ 17.93	.037	\$ 152.36	\$.67
NURSE MIDWIFE	4	12	\$ 371.84	\$ 30.99	.003	\$ 92.96	\$.10
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	6	\$ 221.80	\$ 36.97	.002	\$ 55.45	\$.06
@TOTAL HOSPITAL	1,078	6,366	\$ 1,270,152.58	\$ 199.52	1.747	\$ 1178.25	\$ 348.46
HOSP INPATIENT TOTAL	226	856	1,166,314.75	1362.52	.235	5160.68	319.98
HSC HOSPITALS	221	835	1,145,369.19	1371.70	.229	5182.67	314.23
NON-HSC HOSPITAL TOTAL	5	21	20,945.56	997.41	.006	4189.11	5.75
ACCOMMODATIONS	5	21	9,558.41	455.16	.006	1911.68	2.62
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	21	9,558.41	455.16	.006	1911.68	2.62
ANCILLARIES	5	0	11,387.15	.00	.000	2277.43	3.12
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	981	5,510	103,837.83	18.85	1.512	105.85	28.49
MEDICAL	75	96	3,730.59	38.86	.026	49.74	1.02
SURGERY	94	149	4,739.47	31.81	.041	50.42	1.30
PATHOLOGY	469	2,143	24,898.70	11.62	.588	53.09	6.83
RADIOLOGY	198	233	15,980.10	68.58	.064	80.71	4.38
ROOM USE	510	726	27,719.90	38.18	.199	54.35	7.60
CROSSOVERS/ALL OTH OUTPTNT	520	2,163	26,769.07	12.38	.593	51.48	7.34
@COUNTY HOSPITAL TOTAL	20	171	41,139.29	\$ 240.58	.047	\$ 2056.96	\$ 11.29
CO HOSPITAL INPATIENT TOTAL	4	34	37,400.00	1100.00	.009	9350.00	10.26
HSC HOSPITALS	4	34	37,400.00	1100.00	.009	9350.00	10.26
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	19	137	3,739.29	27.29	.038	196.80	1.03
MEDICAL	1	2	164.87	82.44	.001	164.87	.05
SURGERY	6	10	302.04	30.20	.003	50.34	.08
PATHOLOGY	10	64	1,023.48	15.99	.018	102.35	.28
RADIOLOGY	1	1	283.82	283.82	.000	283.82	.08
ROOM USE	10	27	1,562.12	57.86	.007	156.21	.43
CROSSOVERS/ALL OTH OUTPTNT	14	33	402.96	12.21	.009	28.78	.11

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

					----- MONTHLY AVERAGE -----			
3,645 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,058	6,195	\$ 1,229,013.29	\$ 198.39	1.700	\$ 1161.64	\$ 337.18	
COMM HOSP INPATIENT TOTAL	222	822	1,128,914.75	1373.38	.226	5085.20	309.72	
HSC HOSPITALS	217	801	1,107,969.19	1383.23	.220	5105.85	303.97	
NON-HSC HOSPITALS TOTAL	5	21	20,945.56	997.41	.006	4189.11	5.75	
ACCOMMODATIONS	5	21	9,558.41	455.16	.006	1911.68	2.62	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	5	21	9,558.41	455.16	.006	1911.68	2.62	
ANCILLARIES	5	0	11,387.15	.00	.000	2277.43	3.12	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	962	5,373	100,098.54	18.63	1.474	104.05	27.46	
MEDICAL	74	94	3,565.72	37.93	.026	48.19	.98	
SURGERY	88	139	4,437.43	31.92	.038	50.43	1.22	
PATHOLOGY	459	2,079	23,875.22	11.48	.570	52.02	6.55	
RADIOLOGY	197	232	15,696.28	67.66	.064	79.68	4.31	
ROOM USE	500	699	26,157.78	37.42	.192	52.32	7.18	
CROSSOVERS/ALL OTH OUTPTNT	506	2,130	26,366.11	12.38	.584	52.11	7.23	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	143	5,928	\$ 1,002,859.20	\$ 169.17	1.626	\$ 7013.00	\$ 275.13	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	9	619	76,784.08	124.05	.170	8531.56	21.07	
LEV B-SUBACUTE FREESTANDING	5	209	76,510.38	366.08	.057	15302.08	20.99	

LEV B-SUBACUTE HSPTL BASED	19	559		318,150.88	569.14	.153	16744.78	87.28
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	110	4,541		531,413.86	117.03	1.246	4831.04	145.79
@INTERMEDIATE CARE FACIL.-DD	8	324	\$	51,850.72	\$ 160.03	.089	\$ 6481.34	\$ 14.23
ICF DDH	6	275		42,923.00	156.08	.075	7153.83	11.78
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	2	49		8,927.72	182.20	.013	4463.86	2.45
@HEMODIALYSIS TOTAL	4	199	\$	15,708.76	\$ 78.94	.055	\$ 3927.19	\$ 4.31
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	199		15,708.76	78.94	.055	3927.19	4.31
@REHABILITATION FACILITY	1	15	\$	301.92	\$ 20.13	.004	\$ 301.92	\$.08
HOSPITAL BASED	1	15		301.92	20.13	.004	301.92	.08
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	873	2,604	\$	34,996.45	\$ 13.44	.714	\$ 40.09	\$ 9.60
PATHOLOGY	872	2,603		34,986.95	13.44	.714	40.12	9.60
XO AND OTHERS	1	1		9.50	9.50	.000	9.50	.00
@ORGANIZED OUTPATIENT CLINIC	446	2,030	\$	72,152.44	\$ 35.54	.557	\$ 161.78	\$ 19.79
CLINIC	410	1,929		62,035.93	32.16	.529	151.31	17.02
SURGICENTER	9	42		1,218.71	29.02	.012	135.41	.33
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	27	59		8,897.80	150.81	.016	329.55	2.44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,776
MPO24	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL							

----- MONTHLY AVERAGE -----								
3,645 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	287	2,089	\$ 37,922.61	\$ 18.15	.573	\$ 132.13	\$ 10.40	
DURABLE MED. EQUIP.	14	183	7,701.34	42.08	.050	550.10	2.11	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.01	
MEDICAL TRANSPORTATION	80	783	12,611.93	16.11	.215	157.65	3.46	
AMBULANCES/AIR TRANS	75	735	10,602.08	14.42	.202	141.36	2.91	
OTHER TRANS	6	46	199.97	4.35	.013	33.33	.05	
OTHER SERVICES	2	2	1,809.88	904.94	.001	904.94	.50	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	140	141	14,805.00	105.00	.039	105.75	4.06	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	41	91	777.94	8.55	.025	18.97	.21	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	11	29	750.31	25.87	.008	68.21	.21	
PROSTHETIST/ORTHOTISTS	1	1	144.48	144.48	.000	144.48	.04	
PROSTHETICS	1	1	144.48	144.48	.000	144.48	.04	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	2	71.81	35.91	.001	71.81	.02	
HOSPICE SERVICES	1	4	499.52	124.88	.001	499.52	.14	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1	1	10.40	10.40	.000	10.40	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	6	853	524.88	.62	.234	87.48	.14	
@CALIF. CHILDREN SERVICES*	30	1,216	\$ 378,158.59	\$ 310.99	.334	\$ 12605.29	\$ 103.75	

@XOVER EXCLUDING STATE HOSP** 9 5 \$ 9,157.68 \$ 1831.54 .001 \$ 1017.52 \$ 2.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,777
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL AGED

196,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	156,591	10,075,979	\$ 127,889,023.65	\$ 12.69	51.270	\$ 816.71	\$ 650.74
@PHYSICIANS SERVICES	34,530	105,165	\$ 2,735,984.55	\$ 26.02	.535	\$ 79.24	\$ 13.92
OUTPATIENT VISITS	8,974	12,368	414,450.47	33.51	.063	46.18	2.11
OFFICE VISITS	8,223	11,159	341,967.18	30.64	.057	41.59	1.74
HOME VISITS	2	2	76.80	38.40	.000	38.40	.00
EMERGENCY ROOM	767	844	63,595.92	75.35	.004	82.92	.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	288	363	8,810.57	24.27	.002	30.59	.04
INPATIENT VISITS	812	3,631	158,166.87	43.56	.018	194.79	.80
HOSPITAL VISITS	663	3,238	138,411.83	42.75	.016	208.77	.70
CRITICAL CARE	40	104	11,379.58	109.42	.001	284.49	.06
SNF/ICF/TRANS IP CARE	163	289	8,375.46	28.98	.001	51.38	.04
OPHTHALMOLOGICAL SERVICES	664	872	32,345.40	37.09	.004	48.71	.16
EXAMINATIONS	642	846	31,708.07	37.48	.004	49.39	.16
SERVICES AND MATERIALS	26	26	637.33	24.51	.000	24.51	.00
INPATIENT HOSPITAL SURGERY	329	1,758	184,526.62	104.96	.009	560.87	.94
PRINCIPAL SURGEON	247	392	142,835.96	364.38	.002	578.28	.73
ASSISTANT SURGEON	44	45	10,692.49	237.61	.000	243.01	.05
ANESTHESIOLOGIST	112	1,321	30,998.17	23.47	.007	276.77	.16
OUTPATIENT SURGERY	918	2,125	301,249.61	141.76	.011	328.16	1.53
PRINCIPAL SURGEON	775	1,026	267,288.38	260.51	.005	344.89	1.36
ASSISTANT SURGEON	11	11	1,927.04	175.19	.000	175.19	.01
ANESTHESIOLOGIST	236	1,088	32,034.19	29.44	.006	135.74	.16
DIALYSIS	97	521	30,580.64	58.70	.003	315.26	.16
PATHOLOGY	1,399	2,843	25,988.54	9.14	.014	18.58	.13
RADIOLOGY	2,927	6,233	349,042.87	56.00	.032	119.25	1.78
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	468	3,082	82,441.89	26.75	.016	176.16	.42
OTHER SERVICES/ALL X-OVERS	25,203	71,732	1,157,191.64	16.13	.365	45.91	5.89
@PHARMACY	128,029	4,393,667	\$ 35,515,819.80	\$ 8.08	22.356	\$ 277.40	\$ 180.72
PRESCRIPTION DRUGS	125,705	589,251	34,228,334.17	58.09	2.998	272.29	174.16
SNF/ICF	19,704	140,115	7,143,458.13	50.98	.713	362.54	36.35
OUTPATIENTS	107,149	449,136	27,084,876.04	60.30	2.285	252.78	137.82
MEDICAL SUPPLIES	12,637	3,804,416	1,287,485.63	.34	19.358	101.88	6.55
@DENTIST	8,665	35,131	\$ 1,592,039.36	\$ 45.32	.179	\$ 183.73	\$ 8.10
VISITS - DIAGNOSTIC	5,693	21,493	271,645.16	12.64	.109	47.72	1.38
ORAL SURGERY	1,532	4,233	198,905.90	46.99	.022	129.83	1.01
DRUGS	8	8	165.00	20.63	.000	20.63	.00
ANESTHESIA	4	5	300.00	60.00	.000	75.00	.00
PERIODONTICS	457	470	54,477.60	115.91	.002	119.21	.28
ENDODONTICS	298	424	97,024.00	228.83	.002	325.58	.49
RESTORATIVE DENTISTRY	1,237	2,801	208,616.25	74.48	.014	168.65	1.06
PROSTHETICS	117	128	3,912.00	30.56	.001	33.44	.02
DENTURES, STAYPLATES	2,018	5,337	755,373.45	141.54	.027	374.32	3.84
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	2	1,350.00	675.00	.000	1350.00	.01
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	143	230	270.00	1.17	.001	1.89	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL AGED

196,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,254	9,756	\$ 192,793.08	\$ 19.76	.050	\$ 59.25	\$.98
DIAGNOSTIC AND ANC. PROCED	1,116	1,202	44,598.51	37.10	.006	39.96	.23
EYE APPLIANCES	2,604	8,210	136,943.48	16.68	.042	52.59	.70
OTHER OPTOMETRIC SERVICES	268	344	11,251.09	32.71	.002	41.98	.06
@CHIROPRACTOR	19	35	\$ 503.04	\$ 14.37	.000	\$ 26.48	\$.00
VISITS	14	22	351.12	15.96	.000	25.08	.00
OTHER SERVICES	5	13	151.92	11.69	.000	30.38	.00
@PODIATRIST	4,351	6,225	\$ 62,392.51	\$ 10.02	.032	\$ 14.34	\$.32
MEDICINE/INJECTIONS	195	206	6,700.46	32.53	.001	34.36	.03
SURGERY/ANES.	16	18	511.62	28.42	.000	31.98	.00
RADIO./PATHOLOGY	3	5	86.50	17.30	.000	28.83	.00
OTHER	4,157	5,996	55,093.93	9.19	.031	13.25	.28
@HOME HEALTH AGENCY	145	895	\$ 62,171.82	\$ 69.47	.005	\$ 428.77	\$.32
NURSE ANESTHESIST	76	530	\$ 2,427.05	\$ 4.58	.003	\$ 31.93	\$.01
NURSE MIDWIFE	1	1	\$ 7.22	\$ 7.22	.000	\$ 7.22	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 27.50	\$ 27.50	.000	\$ 27.50	\$.00
FAMILY NURSE PRACTITIONER	24	65	\$ 1,815.29	\$ 27.93	.000	\$ 75.64	\$.01
@TOTAL HOSPITAL	9,580	65,520	\$ 9,119,732.43	\$ 139.19	.333	\$ 951.96	\$ 46.40
HOSP INPATIENT TOTAL	1,738	6,588	8,065,667.22	1224.30	.034	4640.78	41.04
HSC HOSPITALS	1,131	6,302	7,312,183.99	1160.30	.032	6465.24	37.21
NON-HSC HOSPITAL TOTAL	62	286	271,275.20	948.51	.001	4375.41	1.38
ACCOMMODATIONS	62	286	98,252.82	343.54	.001	1584.72	.50
ADMINISTRATIVE DAYS	4	12	640.94CR	53.41CR	.000	160.24CR	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	58	274	98,893.76	360.93	.001	1705.06	.50
ANCILLARIES	61	0	173,022.38	.00	.000	2836.43	.88
INPATIENT CROSSOVERS	575	0	482,208.03	.00	.000	838.62	2.45
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8,104	58,932	1,054,065.21	17.89	.300	130.07	5.36
MEDICAL	688	1,035	41,945.52	40.53	.005	60.97	.21
SURGERY	226	239	19,964.03	83.53	.001	88.34	.10
PATHOLOGY	1,115	6,558	55,494.16	8.46	.033	49.77	.28
RADIOLOGY	729	1,140	97,466.83	85.50	.006	133.70	.50
ROOM USE	1,160	1,651	71,800.78	43.49	.008	61.90	.37
CROSSOVERS/ALL OTH OUTPTNT	6,597	48,309	767,393.89	15.89	.246	116.32	3.90
@COUNTY HOSPITAL TOTAL	59	262	\$ 46,141.86	\$ 176.11	.001	\$ 782.07	\$.23
CO HOSPITAL INPATIENT TOTAL	11	45	40,826.38	907.25	.000	3711.49	.21
HSC HOSPITALS	7	34	28,327.09	833.15	.000	4046.73	.14
NON-HSC HOSPITALS TOTAL	3	11	9,907.29	900.66	.000	3302.43	.05
ACCOMMODATIONS	3	11	2,753.61	250.33	.000	917.87	.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	11	2,753.61	250.33	.000	917.87	.01
ANCILLARIES	3	0	7,153.68	.00	.000	2384.56	.04
INPATIENT CROSSOVERS	3	0	2,592.00	.00	.000	864.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	51	217	5,315.48	24.50	.001	104.23	.03
MEDICAL	11	16	540.42	33.78	.000	49.13	.00
SURGERY	1	2	168.64	84.32	.000	168.64	.00
PATHOLOGY	6	44	335.40	7.62	.000	55.90	.00
RADIOLOGY	4	14	1,199.51	85.68	.000	299.88	.01
ROOM USE	13	17	728.79	42.87	.000	56.06	.00
CROSSOVERS/ALL OTH OUTPTNT	39	124	2,342.72	18.89	.001	60.07	.01

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	196,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,525	65,258	\$	9,073,590.57	\$ 139.04	.332	\$ 952.61	\$ 46.17
COMM HOSP INPATIENT TOTAL	1,728	6,543		8,024,840.84	1226.48	.033	4644.01	40.83
HSC HOSPITALS	1,125	6,268		7,283,856.90	1162.07	.032	6474.54	37.06
NON-HSC HOSPITALS TOTAL	59	275		261,367.91	950.43	.001	4429.96	1.33
ACCOMMODATIONS	59	275		95,499.21	347.27	.001	1618.63	.49
ADMINISTRATIVE DAYS	4	12		640.94CR	53.41CR	.000	160.24CR	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	55	263		96,140.15	365.55	.001	1748.00	.49
ANCILLARIES	58	0		165,868.70	.00	.000	2859.81	.84
INPATIENT CROSSOVERS	572	0		479,616.03	.00	.000	838.49	2.44
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,056	58,715		1,048,749.73	17.86	.299	130.18	5.34
MEDICAL	677	1,019		41,405.10	40.63	.005	61.16	.21
SURGERY	225	237		19,795.39	83.52	.001	87.98	.10
PATHOLOGY	1,111	6,514		55,158.76	8.47	.033	49.65	.28
RADIOLOGY	726	1,126		96,267.32	85.49	.006	132.60	.49
ROOM USE	1,148	1,634		71,071.99	43.50	.008	61.91	.36
CROSSOVERS/ALL OTH OUTPTNT	6,560	48,185		765,051.17	15.88	.245	116.62	3.89
@STATE HOSPITAL	6	0	\$	4,679.30	\$.00	.000	\$ 779.88	\$.02

MENTALLY ILL	6	0	4,206.90	.00	.000	701.15	.02
DEVELOP. DISABLED	0	0	472.40	.00	.000	.00	.00
@NURSING FACILITY	21,930	680,104	\$ 69,967,992.21	\$ 102.88	3.461	\$ 3190.51	\$ 356.02
LEV A-INTERMEDIATE	480	15,881	993,196.94	62.54	.081	2069.16	5.05
LEV B-REHAB MD	101	3,665	400,327.54	109.23	.019	3963.64	2.04
LEV B-SUBACUTE FREESTANDING	4	123	46,883.00	381.16	.001	11720.75	.24
LEV B-SUBACUTE HSPTL BASED	57	1,882	955,380.39	507.64	.010	16761.06	4.86
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	21,315	658,553	67,572,204.34	102.61	3.351	3170.17	343.83
@INTERMEDIATE CARE FACIL.-DD	12	357	\$ 46,280.14	\$ 129.64	.002	\$ 3856.68	\$.24
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	12	357	46,280.14	129.64	.002	3856.68	.24
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	846	12,095	\$ 792,357.64	\$ 65.51	.062	\$ 936.59	\$ 4.03
HOSPITAL BASED	4	50	9,805.36	196.11	.000	2451.34	.05
HEMODIALYSIS CENTER	842	12,045	782,552.28	64.97	.061	929.40	3.98
@REHABILITATION FACILITY	16	57	\$ 1,407.27	\$ 24.69	.000	\$ 87.95	\$.01
HOSPITAL BASED	16	57	1,407.27	24.69	.000	87.95	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3,431	13,324	\$ 139,455.02	\$ 10.47	.068	\$ 40.65	\$.71
PATHOLOGY	3,189	12,807	133,816.22	10.45	.065	41.96	.68
XO AND OTHERS	242	517	5,638.80	10.91	.003	23.30	.03
@ORGANIZED OUTPATIENT CLINIC	1,532	5,053	\$ 235,052.63	\$ 46.52	.026	\$ 153.43	\$ 1.20
CLINIC	558	2,489	54,119.98	21.74	.013	96.99	.28
SURGICENTER	585	2,013	141,596.39	70.34	.010	242.05	.72
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	391	551	39,336.26	71.39	.003	100.60	.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR ALL AGED						

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		----- MONTHLY AVERAGE -----						
196,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	27,727	4,747,998	\$ 7,416,085.79	\$ 1.56	24.159	\$ 267.47	\$ 37.74	
DURABLE MED. EQUIP.	1,444	6,784	509,905.63	75.16	.035	353.12	2.59	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	132	161	64,619.80	401.37	.001	489.54	.33	
MEDICAL TRANSPORTATION	4,643	207,860	838,007.95	4.03	1.058	180.49	4.26	
AMBULANCES/AIR TRANS	727	4,388	79,511.61	18.12	.022	109.37	.40	
OTHER TRANS	3,513	199,739	743,736.90	3.72	1.016	211.71	3.78	
OTHER SERVICES	553	3,733	14,759.44	3.95	.019	26.69	.08	
ACUPUNCTURE	2,311	5,330	93,706.61	17.58	.027	40.55	.48	
ADULT DAY HEALTH CARE CTR	3,241	45,797	3,160,733.25	69.02	.233	975.23	16.08	
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,777	12,914	684,952.52	53.04	.066	385.45	3.49	
OCCUPATIONAL THERAPIST	2	62	198.21	3.20	.000	99.11	.00	
OPTICIAN	3,542	8,528	98,233.78	11.52	.043	27.73	.50	
PHYSICAL THERAPIST	104	823	10,923.25	13.27	.004	105.03	.06	
PORTABLE X-RAY	514	933	2,209.60	2.37	.005	4.30	.01	
PROSTHETIST/ORTHOTISTS	102	240	7,224.47	30.10	.001	70.83	.04	
PROSTHETICS	102	240	7,224.47	30.10	.001	70.83	.04	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	38	44	654.05	14.86	.000	17.21	.00	
SPEECH AND AUDIOLOGY	814	1,862	195,197.46	104.83	.009	239.80	.99	
HOSPICE SERVICES	286	7,473	884,221.19	118.32	.038	3091.68	4.50	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	4	6	55.29	9.22	.000	13.82	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11,937	4,449,179	865,032.73	.19	22.639	72.47	4.40
@CALIF. CHILDREN SERVICES*	4	1,749	\$ 607.57	\$.35	.009	\$ 151.89	\$.00
@XOVER EXCLUDING STATE HOSP**	38,445	600,107	\$ 5,039,627.98	\$ 8.40	3.054	\$ 131.09	\$ 25.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR ALL BLIND	

	11,819 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,080	913,537	\$	6,991,423.26	\$ 7.65	77.294	\$ 769.98	\$ 591.54
@PHYSICIANS SERVICES	3,210	10,175	\$	355,897.79	\$ 34.98	.861	\$ 110.87	\$ 30.11
OUTPATIENT VISITS	1,671	2,457		83,523.19	33.99	.208	49.98	7.07
OFFICE VISITS	1,294	1,817		55,336.76	30.46	.154	42.76	4.68
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	246	280		19,267.89	68.81	.024	78.32	1.63
PREVENTIVE CARE	1	1		37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	5	25		509.69	20.39	.002	101.94	.04
OTHER OUTPATIENT	254	334		8,371.46	25.06	.028	32.96	.71
INPATIENT VISITS	169	815		42,147.12	51.71	.069	249.39	3.57
HOSPITAL VISITS	135	694		30,504.74	43.95	.059	225.96	2.58
CRITICAL CARE	17	71		9,969.65	140.42	.006	586.45	.84
SNF/ICF/TRANS IP CARE	34	50		1,672.73	33.45	.004	49.20	.14
OPHTHALMOLOGICAL SERVICES	200	267		10,217.12	38.27	.023	51.09	.86
EXAMINATIONS	196	262		10,098.89	38.55	.022	51.52	.85
SERVICES AND MATERIALS	5	5		118.23	23.65	.000	23.65	.01
INPATIENT HOSPITAL SURGERY	50	236		28,322.59	120.01	.020	566.45	2.40
PRINCIPAL SURGEON	37	57		22,456.71	393.98	.005	606.94	1.90
ASSISTANT SURGEON	5	5		1,420.28	284.06	.000	284.06	.12
ANESTHESIOLOGIST	20	174		4,445.60	25.55	.015	222.28	.38
OUTPATIENT SURGERY	192	494		53,909.53	109.13	.042	280.78	4.56
PRINCIPAL SURGEON	157	206		45,396.42	220.37	.017	289.15	3.84
ASSISTANT SURGEON	4	4		938.57	234.64	.000	234.64	.08
ANESTHESIOLOGIST	52	284		7,574.54	26.67	.024	145.66	.64
DIALYSIS	82	374		23,206.92	62.05	.032	283.01	1.96
PATHOLOGY	226	415		3,865.81	9.32	.035	17.11	.33
RADIOLOGY	493	949		39,044.96	41.14	.080	79.20	3.30
PSYCHIATRY	1	1		32.98	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	75	119		1,953.66	16.42	.010	26.05	.17
OTHER SERVICES/ALL X-OVERS	1,399	4,048		69,673.91	17.21	.342	49.80	5.90
@PHARMACY	7,207	339,489	\$	2,774,066.41	\$ 8.17	28.724	\$ 384.91	\$ 234.71
PRESCRIPTION DRUGS	7,005	33,439		2,598,406.17	77.71	2.829	370.94	219.85
SNF/ICF	210	1,071		104,903.55	97.95	.091	499.54	8.88
OUTPATIENTS	6,881	32,368		2,493,502.62	77.04	2.739	362.38	210.97
MEDICAL SUPPLIES	1,388	306,050		175,660.24	.57	25.895	126.56	14.86
@DENTIST	503	2,482	\$	77,394.25	\$ 31.18	.210	\$ 153.87	\$ 6.55
VISITS - DIAGNOSTIC	347	1,700		20,579.90	12.11	.144	59.31	1.74
ORAL SURGERY	91	246		13,226.00	53.76	.021	145.34	1.12
DRUGS	1	1		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	35	38	3,877.00	102.03	.003	110.77	.33
ENDODONTICS	24	26	6,421.00	246.96	.002	267.54	.54
RESTORATIVE DENTISTRY	106	273	13,635.00	49.95	.023	128.63	1.15
PROSTHETICS	6	6	170.00	28.33	.001	28.33	.01
DENTURES, STAYPLATES	50	171	18,960.35	110.88	.014	379.21	1.60
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	8	9	525.00	58.33	.001	65.63	.04
ALL OTHER SERVICES	16	12	.00	.00	.001	.00	.00
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MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR ALL BLIND						

11,819 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	145	403	\$	9,745.28	\$ 24.18	.034	\$ 67.21	\$.82
DIAGNOSTIC AND ANC. PROCED	64	65		2,507.27	38.57	.005	39.18	.21
EYE APPLIANCES	109	320		6,733.91	21.04	.027	61.78	.57
OTHER OPTOMETRIC SERVICES	8	18		504.10	28.01	.002	63.01	.04
@CHIROPRACTOR	18	28	\$	468.16	\$ 16.72	.002	\$ 26.01	\$.04
VISITS	17	27		451.44	16.72	.002	26.56	.04
OTHER SERVICES	1	1		16.72	16.72	.000	16.72	.00
@PODIATRIST	220	335	\$	5,372.36	\$ 16.04	.028	\$ 24.42	\$.45
MEDICINE/INJECTIONS	62	67		1,931.80	28.83	.006	31.16	.16
SURGERY/ANES.	6	10		181.06	18.11	.001	30.18	.02
RADIO./PATHOLOGY	2	2		34.60	17.30	.000	17.30	.00
OTHER	160	256		3,224.90	12.60	.022	20.16	.27
@HOME HEALTH AGENCY	136	7,938	\$	251,117.10	\$ 31.63	.672	\$ 1846.45	\$ 21.25
NURSE ANESTHESIST	7	60	\$	174.99	\$ 2.92	.005	\$ 25.00	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	10	25	\$	673.60	\$ 26.94	.002	\$ 67.36	\$.06
@TOTAL HOSPITAL	1,319	9,549	\$	1,372,289.81	\$ 143.71	.808	\$ 1040.40	\$ 116.11
HOSP INPATIENT TOTAL	163	880		1,069,966.13	1215.87	.074	6564.21	90.53
HSC HOSPITALS	131	835		1,019,300.97	1220.72	.071	7780.92	86.24
NON-HSC HOSPITAL TOTAL	4	45		24,114.56	535.88	.004	6028.64	2.04
ACCOMMODATIONS	4	45		12,323.63	273.86	.004	3080.91	1.04
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	45		12,323.63	273.86	.004	3080.91	1.04
ANCILLARIES	4	0		11,790.93	.00	.000	2947.73	1.00
INPATIENT CROSSOVERS	31	0		26,550.60	.00	.000	856.47	2.25
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,211	8,669		302,323.68	34.87	.733	249.65	25.58
MEDICAL	199	290		9,425.12	32.50	.025	47.36	.80
SURGERY	76	84		6,156.41	73.29	.007	81.01	.52
PATHOLOGY	365	2,335		19,058.40	8.16	.198	52.21	1.61
RADIOLOGY	222	329		27,740.24	84.32	.028	124.96	2.35
ROOM USE	643	1,017		40,124.26	39.45	.086	62.40	3.39
CROSSOVERS/ALL OTH OUTPTNT	590	4,614		199,819.25	43.31	.390	338.68	16.91
@COUNTY HOSPITAL TOTAL	3	63	\$	38,742.15	\$ 614.95	.005	\$ 12914.05	\$ 3.28
CO HOSPITAL INPATIENT TOTAL	1	52		38,601.54	742.34	.004	38601.54	3.27
HSC HOSPITALS	1	30		33,000.00	1100.00	.003	33000.00	2.79
NON-HSC HOSPITALS TOTAL	1	22		5,601.54	254.62	.002	5601.54	.47
ACCOMMODATIONS	1	22		5,088.60	231.30	.002	5088.60	.43

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	22	5,088.60	231.30	.002	5088.60	.43
ANCILLARIES	1	0	512.94	.00	.000	512.94	.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	11	140.61	12.78	.001	70.31	.01
MEDICAL	1	1	8.44	8.44	.000	8.44	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	47.28	9.46	.000	47.28	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	52.23	52.23	.000	52.23	.00
CROSSOVERS/ALL OTH OUTPTNT	2	4	32.66	8.17	.000	16.33	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL BLIND

	11,819 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,318	9,486	\$	1,333,547.66	\$ 140.58	.803 \$ 1011.80 \$ 112.83
COMM HOSP INPATIENT TOTAL	162	828		1,031,364.59	1245.61	.070 6366.45 87.26
HSC HOSPITALS	130	805		986,300.97	1225.22	.068 7586.93 83.45
NON-HSC HOSPITALS TOTAL	3	23		18,513.02	804.91	.002 6171.01 1.57
ACCOMMODATIONS	3	23		7,235.03	314.57	.002 2411.68 .61
ADMINISTRATIVE DAYS	0	0		.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00 .00
ALL OTHER ACCOM	3	23		7,235.03	314.57	.002 2411.68 .61
ANCILLARIES	3	0		11,277.99	.00	.000 3759.33 .95
INPATIENT CROSSOVERS	31	0		26,550.60	.00	.000 856.47 2.25
ALL OTHER INPATIENT	0	0		.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	1,211	8,658		302,183.07	34.90	.733 249.53 25.57
MEDICAL	198	289		9,416.68	32.58	.024 47.56 .80
SURGERY	76	84		6,156.41	73.29	.007 81.01 .52
PATHOLOGY	365	2,330		19,011.12	8.16	.197 52.09 1.61
RADIOLOGY	222	329		27,740.24	84.32	.028 124.96 2.35
ROOM USE	642	1,016		40,072.03	39.44	.086 62.42 3.39
CROSSOVERS/ALL OTH OUTPTNT	588	4,610		199,786.59	43.34	.390 339.77 16.90
@STATE HOSPITAL	1	226	\$	154,385.67	\$ 683.12	.019 \$154385.67 \$ 13.06
MENTALLY ILL	0	0		.00	.00	.000 .00 .00
DEVELOP. DISABLED	1	226		154,385.67	683.12	.019 154385.67 13.06
@NURSING FACILITY	116	2,687	\$	412,491.26	\$ 153.51	.227 \$ 3555.96 \$ 34.90
LEV A-INTERMEDIATE	0	0		.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0		.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00 .00
LEV B-REGULAR	116	2,687		412,491.26	153.51	.227 3555.96 34.90
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0		.00	.00	.000 .00 .00
ICF DD	0	0		.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0		.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	289	12,989	\$	461,128.85	\$ 35.50	1.099 \$ 1595.60 \$ 39.02
HOSPITAL BASED	9	149		28,810.52	193.36	.013 3201.17 2.44
HEMODIALYSIS CENTER	280	12,840		432,318.33	33.67	1.086 1543.99 36.58
@REHABILITATION FACILITY	108	714	\$	14,255.44	\$ 19.97	.060 \$ 131.99 \$ 1.21
HOSPITAL BASED	10	16		740.36	46.27	.001 74.04 .06

INDEPENDENT FACILITY	98	698		13,515.08		19.36	.059	137.91	1.14
@LABORATORY FACILITY	479	1,965	\$	21,430.88	\$	10.91	.166	\$ 44.74	\$ 1.81
PATHOLOGY	476	1,954		21,378.07		10.94	.165	44.91	1.81
XO AND OTHERS	3	11		52.81		4.80	.001	17.60	.00
@ORGANIZED OUTPATIENT CLINIC	183	588	\$	37,107.51	\$	63.11	.050	\$ 202.77	\$ 3.14
CLINIC	114	417		24,125.37		57.85	.035	211.63	2.04
SURGICENTER	26	116		4,799.12		41.37	.010	184.58	.41
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	44	55		8,183.02		148.78	.005	185.98	.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 10,784
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR ALL BLIND								

						----- MONTHLY AVERAGE -----				
11,819 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,371	523,884	\$	1,043,423.90	\$ 1.99	44.326	\$ 440.08	\$	88.28	
DURABLE MED. EQUIP.	216	621		102,623.32	165.25	.053	475.11		8.68	
BLOOD BANK	0	0		.00	.00	.000	.00		.00	
HEARING AID DISPENSERS	13	19		2,294.80	120.78	.002	176.52		.19	
MEDICAL TRANSPORTATION	511	57,962		219,705.24	3.79	4.904	429.95		18.59	
AMBULANCES/AIR TRANS	193	1,243		25,056.24	20.16	.105	129.83		2.12	
OTHER TRANS	322	56,469		194,029.50	3.44	4.778	602.58		16.42	
OTHER SERVICES	32	250		619.50	2.48	.021	19.36		.05	
ACUPUNCTURE	67	158		2,757.33	17.45	.013	41.15		.23	
ADULT DAY HEALTH CARE CTR	126	1,957		133,063.93	67.99	.166	1056.06		11.26	
GENETIC DISEASE TESTING	3	3		315.00	105.00	.000	105.00		.03	
IHMC,MODEL-NF,NF,AIDS,MSSP	142	6,820		179,130.48	26.27	.577	1261.48		15.16	
OCCUPATIONAL THERAPIST	6	103		563.97	5.48	.009	94.00		.05	
OPTICIAN	178	423		12,912.83	30.53	.036	72.54		1.09	
PHYSICAL THERAPIST	8	48		656.83	13.68	.004	82.10		.06	
PORTABLE X-RAY	5	13		364.23	28.02	.001	72.85		.03	
PROSTHETIST/ORTHOTISTS	33	146		17,044.04	116.74	.012	516.49		1.44	

PROSTHETICS	33	146	17,044.04	116.74	.012	516.49	1.44
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	6	109.50	18.25	.001	54.75	.01
SPEECH AND AUDIOLOGY	85	341	20,064.23	58.84	.029	236.05	1.70
HOSPICE SERVICES	11	330	45,278.05	137.21	.028	4116.19	3.83
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	512	54,393	176,291.25	3.24	4.602	344.32	14.92
EPSDT SUPPLEMENTAL SERVICE	10	1,046	30,762.86	29.41	.089	3076.29	2.60
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	825	399,495	99,486.01	.25	33.801	120.59	8.42
@CALIF. CHILDREN SERVICES*	391	28,311	\$ 619,316.20	\$ 21.88	2.395	\$ 1583.93	\$ 52.40
@XOVER EXCLUDING STATE HOSP**	1,695	19,624	\$ 327,496.32	\$ 16.69	1.660	\$ 193.21	\$ 27.71

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

485,769 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	409,383	17,699,435	\$ 299,284,241.97	\$ 16.91	36.436	\$ 731.06	\$ 616.10
@PHYSICIANS SERVICES	144,409	523,190	\$ 19,101,777.27	\$ 36.51	1.077	\$ 132.28	\$ 39.32
OUTPATIENT VISITS	85,333	123,202	4,298,737.28	34.89	.254	50.38	8.85
OFFICE VISITS	66,471	92,312	2,800,751.21	30.34	.190	42.13	5.77
HOME VISITS	192	253	9,431.10	37.28	.001	49.12	.02
EMERGENCY ROOM	14,087	17,439	1,130,161.69	64.81	.036	80.23	2.33
PREVENTIVE CARE	11	11	539.14	49.01	.000	49.01	.00
OB VISITS/COMPRE PERI	365	858	44,125.92	51.43	.002	120.89	.09
OTHER OUTPATIENT	9,770	12,329	313,728.22	25.45	.025	32.11	.65
INPATIENT VISITS	8,510	50,249	2,470,123.07	49.16	.103	290.26	5.08
HOSPITAL VISITS	6,960	43,415	1,813,190.93	41.76	.089	260.52	3.73
CRITICAL CARE	840	3,966	567,363.40	143.06	.008	675.43	1.17
SNF/ICF/TRANS IP CARE	1,542	2,868	89,568.74	31.23	.006	58.09	.18
OPHTHALMOLOGICAL SERVICES	2,368	3,050	116,402.47	38.16	.006	49.16	.24
EXAMINATIONS	2,160	2,839	112,062.97	39.47	.006	51.88	.23
SERVICES AND MATERIALS	211	211	4,339.50	20.57	.000	20.57	.01
INPATIENT HOSPITAL SURGERY	3,746	24,249	2,116,962.59	87.30	.050	565.13	4.36
PRINCIPAL SURGEON	2,856	5,407	1,614,887.85	298.67	.011	565.44	3.32
ASSISTANT SURGEON	318	357	78,096.36	218.76	.001	245.59	.16
ANESTHESIOLOGIST	1,426	18,485	423,978.38	22.94	.038	297.32	.87
OUTPATIENT SURGERY	7,611	17,599	1,604,437.09	91.17	.036	210.81	3.30
PRINCIPAL SURGEON	6,414	8,313	1,333,992.86	160.47	.017	207.98	2.75
ASSISTANT SURGEON	60	60	10,130.65	168.84	.000	168.84	.02
ANESTHESIOLOGIST	1,659	9,226	260,313.58	28.22	.019	156.91	.54
DIALYSIS	1,163	4,671	363,164.11	77.75	.010	312.26	.75
PATHOLOGY	12,104	27,867	386,706.62	13.88	.057	31.95	.80
RADIOLOGY	27,463	62,412	2,994,218.28	47.98	.128	109.03	6.16
PSYCHIATRY	71	88	3,910.11	44.43	.000	55.07	.01
IMMUNIZATION AND INJECTION	4,379	38,350	1,182,956.06	30.85	.079	270.14	2.44
OTHER SERVICES/ALL X-OVERS	56,635	171,453	3,564,159.59	20.79	.353	62.93	7.34
@PHARMACY	316,823	7,662,210	\$ 136,495,344.20	\$ 17.81	15.773	\$ 430.83	\$ 280.99
PRESCRIPTION DRUGS	312,055	1,509,578	128,304,937.58	84.99	3.108	411.16	264.13
SNF/ICF	10,244	75,178	5,984,605.08	79.61	.155	584.21	12.32
OUTPATIENTS	303,926	1,434,400	122,320,332.50	85.28	2.953	402.47	251.81

MEDICAL SUPPLIES	32,815	6,152,632		8,190,406.62	1.33	12.666	249.59	16.86
@DENTIST	27,497	129,468	\$	4,738,444.87	\$ 36.60	.267	\$ 172.33	\$ 9.75
VISITS - DIAGNOSTIC	18,103	82,839		986,390.55	11.91	.171	54.49	2.03
ORAL SURGERY	5,163	13,405		683,495.73	50.99	.028	132.38	1.41
DRUGS	35	38		520.00	13.68	.000	14.86	.00
ANESTHESIA	43	46		3,800.00	82.61	.000	88.37	.01
PERIODONTICS	1,881	2,074		227,610.49	109.74	.004	121.01	.47
ENDODONTICS	1,605	2,319		525,663.10	226.68	.005	327.52	1.08
RESTORATIVE DENTISTRY	7,126	16,854		1,109,458.75	65.83	.035	155.69	2.28
PROSTHETICS	346	366		11,510.50	31.45	.001	33.27	.02
DENTURES, STAYPLATES	3,412	10,555		1,176,445.50	111.46	.022	344.80	2.42
SPACE MAINTAINERS	10	11		1,120.00	101.82	.000	112.00	.00
MAXILLOFACIAL SERVICES	11	12		1,010.25	84.19	.000	91.84	.00
FRACTURES, DISLOCATIONS	1	1		140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	139	158		10,255.00	64.91	.000	73.78	.02
ALL OTHER SERVICES	606	790		1,025.00	1.30	.002	1.69	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,786	
MPO24	FEE-FOR-SERVICE/DENTAL						03/14/05	
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED							

				----- MONTHLY AVERAGE -----				
485,769 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	10,137	31,376	\$ 659,352.34	\$ 21.01	.065	\$ 65.04	\$ 1.36	
DIAGNOSTIC AND ANC. PROCED	5,420	5,911	232,997.27	39.42	.012	42.99	.48	
EYE APPLIANCES	8,268	24,825	408,706.66	16.46	.051	49.43	.84	
OTHER OPTOMETRIC SERVICES	506	640	17,648.41	27.58	.001	34.88	.04	
@CHIROPRACTOR	803	1,552	\$ 25,588.22	\$ 16.49	.003	\$ 31.87	\$.05	
VISITS	781	1,512	25,076.40	16.58	.003	32.11	.05	
OTHER SERVICES	22	40	511.82	12.80	.000	23.26	.00	
@PODIATRIST	6,260	10,949	\$ 176,748.41	\$ 16.14	.023	\$ 28.23	\$.36	
MEDICINE/INJECTIONS	2,302	2,567	74,907.87	29.18	.005	32.54	.15	
SURGERY/ANES.	186	289	11,788.62	40.79	.001	63.38	.02	
RADIO./PATHOLOGY	157	211	3,722.21	17.64	.000	23.71	.01	
OTHER	3,939	7,882	86,329.71	10.95	.016	21.92	.18	
@HOME HEALTH AGENCY	2,860	184,424	\$ 6,382,923.06	\$ 34.61	.380	\$ 2231.79	\$ 13.14	
NURSE ANESTHESIST	154	1,462	\$ 5,397.07	\$ 3.69	.003	\$ 35.05	\$.01	
NURSE MIDWIFE	8	48	\$ 1,767.81	\$ 36.83	.000	\$ 220.98	\$.00	
PEDIATRIC NURSE PRACTITIONER	16	17	\$ 499.79	\$ 29.40	.000	\$ 31.24	\$.00	
FAMILY NURSE PRACTITIONER	973	2,571	\$ 58,301.33	\$ 22.68	.005	\$ 59.92	\$.12	
@TOTAL HOSPITAL	55,612	431,671	\$ 65,195,535.53	\$ 151.03	.889	\$ 1172.33	\$ 134.21	
HOSP INPATIENT TOTAL	7,377	44,922	55,741,662.00	1240.85	.092	7556.14	114.75	
HSC HOSPITALS	5,740	39,482	49,442,926.69	1252.29	.081	8613.75	101.78	
NON-HSC HOSPITAL TOTAL	593	5,440	5,053,840.15	929.01	.011	8522.50	10.40	
ACCOMMODATIONS	589	5,440	2,305,376.46	423.78	.011	3914.05	4.75	
ADMINISTRATIVE DAYS	29	304	60,328.45	198.45	.001	2080.29	.12	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	561	5,136	2,245,048.01	437.12	.011	4001.87	4.62	
ANCILLARIES	586	0	2,748,463.69	.00	.000	4690.21	5.66	
INPATIENT CROSSOVERS	1,284	0	1,244,895.16	.00	.000	969.54	2.56	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	50,750	386,749	9,453,873.53	24.44	.796	186.28	19.46	
MEDICAL	11,269	18,591	831,508.92	44.73	.038	73.79	1.71	
SURGERY	3,068	5,522	170,457.95	48.40	.007	55.56	.35	
PATHOLOGY	18,420	136,001	1,083,193.23	7.96	.280	58.81	2.23	
RADIOLOGY	11,465	20,038	1,828,511.01	91.25	.041	159.49	3.76	
ROOM USE	26,708	40,565	1,544,566.24	38.08	.084	57.83	3.18	

CROSSOVERS/ALL OTH OUTPTNT	25,096	168,032		3,995,636.18	23.78	.346	159.21	8.23
@COUNTY HOSPITAL TOTAL	380	1,976	\$	521,411.87	\$ 263.87	.004	\$ 1372.14	\$ 1.07
CO HOSPITAL INPATIENT TOTAL	50	410		475,430.41	1159.59	.001	9508.61	.98
HSC HOSPITALS	44	377		433,132.12	1148.89	.001	9843.91	.89
NON-HSC HOSPITALS TOTAL	7	33		42,298.29	1281.77	.000	6042.61	.09
ACCOMMODATIONS	6	33		16,640.10	504.25	.000	2773.35	.03
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	33		16,640.10	504.25	.000	2773.35	.03
ANCILLARIES	7	0		25,658.19	.00	.000	3665.46	.05
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	339	1,566		45,981.46	29.36	.003	135.64	.09
MEDICAL	131	187		6,040.41	32.30	.000	46.11	.01
SURGERY	30	43		1,527.48	35.52	.000	50.92	.00
PATHOLOGY	125	596		9,349.06	15.69	.001	74.79	.02
RADIOLOGY	59	90		8,706.53	96.74	.000	147.57	.02
ROOM USE	194	276		11,771.43	42.65	.001	60.68	.02
CROSSOVERS/ALL OTH OUTPTNT	168	374		8,586.55	22.96	.001	51.11	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

485,769 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	55,307	429,695	\$ 64,674,123.66	\$ 150.51	.885	\$ 1169.37	\$ 133.14
COMM HOSP INPATIENT TOTAL	7,333	44,512	55,266,231.59	1241.60	.092	7536.65	113.77
HSC HOSPITALS	5,701	39,105	49,009,794.57	1253.29	.081	8596.70	100.89
NON-HSC HOSPITALS TOTAL	586	5,407	5,011,541.86	926.86	.011	8552.12	10.32
ACCOMMODATIONS	583	5,407	2,288,736.36	423.29	.011	3925.79	4.71
ADMINISTRATIVE DAYS	29	304	60,328.45	198.45	.001	2080.29	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	555	5,103	2,228,407.91	436.69	.011	4015.15	4.59
ANCILLARIES	579	0	2,722,805.50	.00	.000	4702.60	5.61
INPATIENT CROSSOVERS	1,284	0	1,244,895.16	.00	.000	969.54	2.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	50,467	385,183	9,407,892.07	24.42	.793	186.42	19.37
MEDICAL	11,146	18,404	825,468.51	44.85	.038	74.06	1.70
SURGERY	3,038	3,479	168,930.47	48.56	.007	55.61	.35
PATHOLOGY	18,311	135,405	1,073,844.17	7.93	.279	58.64	2.21
RADIOLOGY	11,409	19,948	1,819,804.48	91.23	.041	159.51	3.75
ROOM USE	26,541	40,289	1,532,794.81	38.04	.083	57.75	3.16
CROSSOVERS/ALL OTH OUTPTNT	24,949	167,658	3,987,049.63	23.78	.345	159.81	8.21
@STATE HOSPITAL	19	685	\$ 406,856.77	\$ 593.95	.001	\$ 21413.51	\$.84
MENTALLY ILL	1	31	14,349.35	462.88	.000	14349.35	.03
DEVELOP. DISABLED	18	654	392,507.42	600.16	.001	21805.97	.81
@NURSING FACILITY	6,455	188,101	\$ 27,226,651.51	\$ 144.74	.387	\$ 4217.92	\$ 56.05
LEV A-INTERMEDIATE	146	4,606	301,756.34	65.51	.009	2066.82	.62
LEV B-REHAB MD	347	11,021	1,168,785.16	106.05	.023	3368.26	2.41
LEV B-SUBACUTE FREESTANDING	16	498	291,361.73	585.06	.001	18210.11	.60
LEV B-SUBACUTE HSPTL BASED	223	7,432	4,125,133.38	555.05	.015	18498.36	8.49
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5,740	164,544	21,339,614.90	129.69	.339	3717.70	43.93
@INTERMEDIATE CARE FACIL.-DD	1,715	52,174	\$ 7,952,243.01	\$ 152.42	.107	\$ 4636.88	\$ 16.37
ICF DDH	1,011	31,321	4,950,159.42	158.05	.064	4896.30	10.19
ICF DD	574	17,014	2,268,888.16	133.35	.035	3952.77	4.67

ICF DDN/DDCN	130	3,839		733,195.43		190.99	.008	5639.96	1.51
@HEMODIALYSIS TOTAL	4,776	163,440	\$	6,598,517.13	\$	40.37	.336	\$ 1381.60	\$ 13.58
HOSPITAL BASED	106	1,912		365,031.34		190.92	.004	3443.69	.75
HEMODIALYSIS CENTER	4,673	161,528		6,233,485.79		38.59	.333	1333.94	12.83
@REHABILITATION FACILITY	2,079	17,975	\$	350,159.83	\$	19.48	.037	\$ 168.43	\$.72
HOSPITAL BASED	755	2,838		82,486.33		29.06	.006	109.25	.17
INDEPENDENT FACILITY	1,331	15,137		267,673.50		17.68	.031	201.11	.55
@LABORATORY FACILITY	27,584	126,659	\$	1,396,040.78	\$	11.02	.261	\$ 50.61	\$ 2.87
PATHOLOGY	27,254	125,481		1,387,148.76		11.05	.258	50.90	2.86
XO AND OTHERS	338	1,178		8,892.02		7.55	.002	26.31	.02
@ORGANIZED OUTPATIENT CLINIC	10,509	28,003	\$	1,200,276.69	\$	42.86	.058	\$ 114.21	\$ 2.47
CLINIC	6,498	17,167		366,322.26		21.34	.035	56.37	.75
SURGICENTER	1,112	5,468		211,304.20		38.64	.011	190.02	.43
HEROIN DETOX CLINIC	44	524		5,453.38		10.41	.001	123.94	.01
RURAL HEALTH CLINIC	2,895	4,844		617,196.85		127.41	.010	213.19	1.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 10,788
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

485,769 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	74,581		8,143,460	\$ 21,311,816.35	\$ 2.62	16.764	\$ 285.75	\$ 43.87
DURABLE MED. EQUIP.	5,901		27,220	3,536,951.87	129.94	.056	599.38	7.28
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	125		151	35,850.63	237.42	.000	286.81	.07
MEDICAL TRANSPORTATION	13,497		780,763	3,443,973.27	4.41	1.607	255.17	7.09
AMBULANCES/AIR TRANS	8,221		62,422	1,138,125.96	18.23	.129	138.44	2.34
OTHER TRANS	4,761		712,193	2,254,794.14	3.17	1.466	473.60	4.64
OTHER SERVICES	1,099		6,148	51,053.17	8.30	.013	46.45	.11
ACUPUNCTURE	2,271		5,149	90,447.92	17.57	.011	39.83	.19
ADULT DAY HEALTH CARE CTR	2,413		36,230	2,492,181.68	68.79	.075	1032.81	5.13
GENETIC DISEASE TESTING	100		100	10,452.00	104.52	.000	104.52	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	2,262		83,377	2,818,024.98	33.80	.172	1245.81	5.80
OCCUPATIONAL THERAPIST	102		4,063	13,408.93	3.30	.008	131.46	.03
OPTICIAN	11,372		26,440	293,525.54	11.10	.054	25.81	.60
PHYSICAL THERAPIST	458		4,039	55,673.09	13.78	.008	121.56	.11
PORTABLE X-RAY	294		624	10,096.31	16.18	.001	34.34	.02
PROSTHETIST/ORTHOTISTS	686		2,637	284,822.31	108.01	.005	415.19	.59
PROSTHETICS	683		2,633	284,488.73	108.05	.005	416.53	.59
ORTHOTICS	4		4	333.58	83.40	.000	83.40	.00
PSYCHOLOGIST	114		215	6,717.44	31.24	.000	58.92	.01
SPEECH AND AUDIOLOGY	5,330		21,707	934,389.97	43.05	.045	175.31	1.92
HOSPICE SERVICES	343		9,314	1,250,788.07	134.29	.019	3646.61	2.57
NONINST BIRTHING CENTERS	1		1	1,106.68	1106.68	.000	1106.68	.00
LOCAL EDUCATION AGENCIES	16,479		472,001	3,443,754.63	7.30	.972	208.98	7.09
EPSDT SUPPLEMENTAL SERVICE	177		13,257	388,490.54	29.30	.027	2194.86	.80
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19,440		6,656,172	2,201,160.49	.33	13.702	113.23	4.53
@CALIF. CHILDREN SERVICES*	9,248		367,320	\$ 16,588,717.80	\$ 45.16	.756	\$ 1793.76	\$ 34.15
@XOVER EXCLUDING STATE HOSP**	55,832		662,039	\$ 8,531,828.41	\$ 12.89	1.363	\$ 152.81	\$ 17.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR ALL FAMILIES

356,960 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	196,215	1,215,902	\$ 61,487,738.97	\$ 50.57	3.406	\$ 313.37	\$ 172.25
@PHYSICIANS SERVICES	54,768	164,064	\$ 10,024,248.98	\$ 61.10	.460	\$ 183.03	\$ 28.08
OUTPATIENT VISITS	38,388	55,500	2,365,964.18	42.63	.155	61.63	6.63
OFFICE VISITS	21,849	26,752	986,964.13	36.89	.075	45.17	2.76
HOME VISITS	183	206	6,595.78	32.02	.001	36.04	.02
EMERGENCY ROOM	9,183	10,116	566,765.68	56.03	.028	61.72	1.59
PREVENTIVE CARE	106	106	4,656.16	43.93	.000	43.93	.01
OB VISITS/COMPRE PERI	5,585	14,295	685,876.39	47.98	.040	122.81	1.92
OTHER OUTPATIENT	3,458	4,025	115,106.04	28.60	.011	33.29	.32
INPATIENT VISITS	5,209	22,828	2,152,395.53	94.29	.064	413.21	6.03
HOSPITAL VISITS	4,528	13,797	684,897.18	49.64	.039	151.26	1.92
CRITICAL CARE	1,083	8,950	1,463,882.77	163.56	.025	1351.69	4.10
SNF/ICF/TRANS IP CARE	16	81	3,615.58	44.64	.000	225.97	.01
OPHTHALMOLOGICAL SERVICES	562	786	34,118.07	43.41	.002	60.71	.10
EXAMINATIONS	500	717	32,576.60	45.43	.002	65.15	.09
SERVICES AND MATERIALS	66	69	1,541.47	22.34	.000	23.36	.00
INPATIENT HOSPITAL SURGERY	4,257	20,708	2,721,597.51	131.43	.058	639.32	7.62
PRINCIPAL SURGEON	2,952	3,972	2,188,316.07	550.94	.011	741.30	6.13
ASSISTANT SURGEON	431	442	93,482.03	211.50	.001	216.90	.26
ANESTHESIOLOGIST	1,804	16,294	439,799.41	26.99	.046	243.79	1.23
OUTPATIENT SURGERY	3,284	7,534	638,931.45	84.81	.021	194.56	1.79
PRINCIPAL SURGEON	2,821	3,619	518,479.29	143.27	.010	183.79	1.45
ASSISTANT SURGEON	15	15	2,645.34	176.36	.000	176.36	.01
ANESTHESIOLOGIST	818	3,900	117,806.82	30.21	.011	144.02	.33
DIALYSIS	102	384	33,398.14	86.97	.001	327.43	.09
PATHOLOGY	4,706	9,554	162,147.85	16.97	.027	34.46	.45
RADIOLOGY	12,503	24,394	1,066,796.98	43.73	.068	85.32	2.99
PSYCHIATRY	22	24	1,943.10	80.96	.000	88.32	.01

IMMUNIZATION AND INJECTION	1,128	5,374		132,403.26		24.64	.015	117.38	.37
OTHER SERVICES/ALL X-OVERS	6,730	16,978		714,552.91		42.09	.048	106.17	2.00
@PHARMACY	49,260	208,204	\$	7,920,038.41	\$	38.04	.583	\$ 160.78	\$ 22.19
PRESCRIPTION DRUGS	48,450	104,974		7,276,689.28		69.32	.294	150.19	20.39
SNF/ICF	206	788		125,849.32		159.71	.002	610.92	.35
OUTPATIENTS	48,348	104,186		7,150,839.96		68.64	.292	147.90	20.03
MEDICAL SUPPLIES	2,442	103,230		643,349.13		6.23	.289	263.45	1.80
@DENTIST	12,361	70,640	\$	1,641,484.89	\$	23.24	.198	\$ 132.80	\$ 4.60
VISITS - DIAGNOSTIC	9,439	50,676		637,978.78		12.59	.142	67.59	1.79
ORAL SURGERY	1,871	3,738		185,613.15		49.66	.010	99.21	.52
DRUGS	136	158		3,025.00		19.15	.000	22.24	.01
ANESTHESIA	30	29		1,900.00		65.52	.000	63.33	.01
PERIODONTICS	216	264		16,569.00		62.76	.001	76.71	.05
ENDODONTICS	871	1,467		173,389.50		118.19	.004	199.07	.49
RESTORATIVE DENTISTRY	4,173	12,015		544,373.33		45.31	.034	130.45	1.53
PROSTHETICS	26	31		850.00		27.42	.000	32.69	.00
DENTURES, STAYPLATES	124	474		30,306.90		63.94	.001	244.41	.08
SPACE MAINTAINERS	109	157		13,231.00		84.27	.000	121.39	.04
MAXILLOFACIAL SERVICES	24	27		1,422.48		52.68	.000	59.27	.00
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	541	838		30,425.75		36.31	.002	56.24	.09
ALL OTHER SERVICES	415	765		2,400.00		3.14	.002	5.78	.01
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,790 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES									

356,960 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,358	7,102	\$	158,790.71	\$ 22.36	.020	\$ 67.34	\$.44
DIAGNOSTIC AND ANC. PROCED	1,893	2,071		84,569.98	40.84	.006	44.68	.24
EYE APPLIANCES	1,727	4,999		73,277.31	14.66	.014	42.43	.21
OTHER OPTOMETRIC SERVICES	31	32		943.42	29.48	.000	30.43	.00
@CHIROPRACTOR	36	52	\$	852.72	\$ 16.40	.000	\$ 23.69	\$.00
VISITS	36	52		852.72	16.40	.000	23.69	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	134	197	\$	7,808.42	\$ 39.64	.001	\$ 58.27	\$.02
MEDICINE/INJECTIONS	119	133		6,037.14	45.39	.000	50.73	.02
SURGERY/ANES.	21	32		912.89	28.53	.000	43.47	.00
RADIO./PATHOLOGY	15	19		351.18	18.48	.000	23.41	.00
OTHER	11	13		507.21	39.02	.000	46.11	.00
@HOME HEALTH AGENCY	539	18,290	\$	603,415.48	\$ 32.99	.051	\$ 1119.51	\$ 1.69
NURSE ANESTHESIST	71	471	\$	9,580.41	\$ 20.34	.001	\$ 134.94	\$.03
NURSE MIDWIFE	66	651	\$	18,689.67	\$ 28.71	.002	\$ 283.18	\$.05
PEDIATRIC NURSE PRACTITIONER	2	2	\$	94.70	\$ 47.35	.000	\$ 47.35	\$.00
FAMILY NURSE PRACTITIONER	184	475	\$	11,938.05	\$ 25.13	.001	\$ 64.88	\$.03
@TOTAL HOSPITAL	29,668	136,501	\$	33,178,316.23	\$ 243.06	.382	\$ 1118.32	\$ 92.95
HOSP INPATIENT TOTAL	4,537	21,828		30,223,621.97	1384.63	.061	6661.59	84.67
HSC HOSPITALS	4,277	20,429		28,152,319.04	1378.06	.057	6582.26	78.87
NON-HSC HOSPITAL TOTAL	264	1,399		2,062,873.61	1474.53	.004	7813.92	5.78
ACCOMMODATIONS	259	1,399		1,097,319.90	784.36	.004	4236.76	3.07
ADMINISTRATIVE DAYS	2	2		442.82	221.41	.000	221.41	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	257	1,397		1,096,877.08	785.17	.004	4268.00	3.07
ANCILLARIES	256	0		965,553.71	.00	.000	3771.69	2.70
INPATIENT CROSSOVERS	9	0		8,429.32	.00	.000	936.59	.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	26,894	114,673	2,954,694.26	25.77	.321	109.86	8.28
MEDICAL	4,112	5,920	240,205.24	40.58	.017	58.42	.67
SURGERY	2,051	2,636	94,576.56	35.88	.007	46.11	.26
PATHOLOGY	8,756	46,220	423,977.04	9.17	.129	48.42	1.19
RADIOLOGY	5,774	8,401	696,646.23	82.92	.024	120.65	1.95
ROOM USE	16,399	20,963	784,973.24	37.45	.059	47.87	2.20
CROSSOVERS/ALL OTH OUTPTNT	12,620	30,533	714,315.95	23.39	.086	56.60	2.00
@COUNTY HOSPITAL TOTAL	349	2,000	\$ 466,249.60	\$ 233.12	.006	\$ 1335.96	\$ 1.31
CO HOSPITAL INPATIENT TOTAL	55	335	413,280.44	1233.67	.001	7514.19	1.16
HSC HOSPITALS	55	335	413,280.44	1233.67	.001	7514.19	1.16
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	317	1,665	52,969.16	31.81	.005	167.10	.15
MEDICAL	105	146	5,052.64	34.61	.000	48.12	.01
SURGERY	65	103	3,522.38	34.20	.000	54.19	.01
PATHOLOGY	119	633	9,620.48	15.20	.002	80.84	.03
RADIOLOGY	57	97	7,757.35	79.97	.000	136.09	.02
ROOM USE	207	341	16,285.67	47.76	.001	78.67	.05
CROSSOVERS/ALL OTH OUTPTNT	157	345	10,730.64	31.10	.001	68.35	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,791
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----			
356,960 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	29,352	134,501	\$ 32,712,066.63	\$ 243.21	.377	\$ 1114.47	\$ 91.64	
COMM HOSP INPATIENT TOTAL	4,482	21,493	29,810,341.53	1386.98	.060	6651.12	83.51	
HSC HOSPITALS	4,222	20,094	27,739,038.60	1380.46	.056	6570.12	77.71	
NON-HSC HOSPITALS TOTAL	264	1,399	2,062,873.61	1474.53	.004	7813.92	5.78	
ACCOMMODATIONS	259	1,399	1,097,319.90	784.36	.004	4236.76	3.07	
ADMINISTRATIVE DAYS	2	2	442.82	221.41	.000	221.41	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	257	1,397	1,096,877.08	785.17	.004	4268.00	3.07	
ANCILLARIES	256	0	965,553.71	.00	.000	3771.69	2.70	
INPATIENT CROSSOVERS	9	0	8,429.32	.00	.000	936.59	.02	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	26,606	113,008	2,901,725.10	25.68	.317	109.06	8.13	
MEDICAL	4,009	5,774	235,152.60	40.73	.016	58.66	.66	
SURGERY	1,986	2,533	91,054.18	35.95	.007	45.85	.26	
PATHOLOGY	8,644	45,587	414,356.56	9.09	.128	47.94	1.16	
RADIOLOGY	5,721	8,304	688,888.88	82.96	.023	120.41	1.93	
ROOM USE	16,206	20,622	768,687.57	37.28	.058	47.43	2.15	
CROSSOVERS/ALL OTH OUTPTNT	12,465	30,188	703,585.31	23.31	.085	56.44	1.97	
@STATE HOSPITAL	1	31	\$ 12,985.42	\$ 418.88	.000	\$ 12985.42	\$.04	
MENTALLY ILL	1	31	12,985.42	418.88	.000	12985.42	.04	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	31	706	\$ 273,234.14	\$ 387.02	.002	\$ 8814.00	\$.77	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	11	364	223,455.96	613.89	.001	20314.18	.63	

LEV B-SUBACUTE HSPTL BASED	0	0	1,979.10	.00	.000	.00	.01
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	20	342	47,799.08	139.76	.001	2389.95	.13
@INTERMEDIATE CARE FACIL.-DD	2	76	\$ 10,321.51	\$ 135.81	.000	\$ 5160.76	\$.03
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	2	76	10,321.51	135.81	.000	5160.76	.03
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	145	14,069	\$ 363,703.60	\$ 25.85	.039	\$ 2508.30	\$ 1.02
HOSPITAL BASED	7	71	19,324.31	272.17	.000	2760.62	.05
HEMODIALYSIS CENTER	138	13,998	344,379.29	24.60	.039	2495.50	.96
@REHABILITATION FACILITY	459	2,827	\$ 64,857.25	\$ 22.94	.008	\$ 141.30	\$.18
HOSPITAL BASED	248	1,030	31,465.44	30.55	.003	126.88	.09
INDEPENDENT FACILITY	217	1,797	33,391.81	18.58	.005	153.88	.09
@LABORATORY FACILITY	13,739	43,366	\$ 544,159.53	\$ 12.55	.121	\$ 39.61	\$ 1.52
PATHOLOGY	13,736	43,360	544,064.53	12.55	.121	39.61	1.52
XO AND OTHERS	4	6	95.00	15.83	.000	23.75	.00
@ORGANIZED OUTPATIENT CLINIC	12,536	37,408	\$ 1,566,757.04	\$ 41.88	.105	\$ 124.98	\$ 4.39
CLINIC	8,539	29,519	754,193.42	25.55	.083	88.32	2.11
SURGICENTER	276	1,554	50,731.70	32.65	.004	183.81	.14
HEROIN DETOX CLINIC	29	368	3,968.35	10.78	.001	136.84	.01
RURAL HEALTH CLINIC	3,712	5,967	757,863.57	127.01	.017	204.17	2.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,792
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

----- MONTHLY AVERAGE -----							
356,960 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	73,140	510,770	\$ 5,076,461.81	\$ 9.94	1.431	\$ 69.41	\$ 14.22
DURABLE MED. EQUIP.	657	3,445	181,100.29	52.57	.010	275.65	.51
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.00
MEDICAL TRANSPORTATION	2,235	23,819	356,686.94	14.97	.067	159.59	1.00
AMBULANCES/AIR TRANS	2,203	16,523	276,037.83	16.71	.046	125.30	.77
OTHER TRANS	36	7,226	21,187.97	2.93	.020	588.55	.06
OTHER SERVICES	59	70	59,461.14	849.44	.000	1007.82	.17
ACUPUNCTURE	18	35	678.11	19.37	.000	37.67	.00
ADULT DAY HEALTH CARE CTR	8	81	5,667.30	69.97	.000	708.41	.02
GENETIC DISEASE TESTING	2,122	2,129	223,353.00	104.91	.006	105.26	.63
IHMC,MODEL-NF,NF,AIDS,MSSP	50	356	83,177.81	233.65	.001	1663.56	.23
OCCUPATIONAL THERAPIST	3	130	470.89	3.62	.000	156.96	.00
OPTICIAN	14,649	30,690	274,687.31	8.95	.086	18.75	.77
PHYSICAL THERAPIST	31	216	3,169.11	14.67	.001	102.23	.01
PORTABLE X-RAY	1	3	87.96	29.32	.000	87.96	.00
PROSTHETIST/ORTHOTISTS	123	232	36,936.71	159.21	.001	300.30	.10
PROSTHETICS	122	230	36,818.79	160.08	.001	301.79	.10
ORTHOTICS	1	2	117.92	58.96	.000	117.92	.00
PSYCHOLOGIST	77	446	21,649.37	48.54	.001	281.16	.06
SPEECH AND AUDIOLOGY	142	770	36,253.29	47.08	.002	255.30	.10
HOSPICE SERVICES	11	150	20,218.94	134.79	.000	1838.09	.06
NONINST BIRTHING CENTERS	10	10	10,228.44	1022.84	.000	1022.84	.03
LOCAL EDUCATION AGENCIES	53,034	356,878	3,619,608.46	10.14	1.000	68.25	10.14
EPSDT SUPPLEMENTAL SERVICE	46	4,317	125,999.80	29.19	.012	2739.13	.35
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	454	87,062	76,463.08	.88	.244	168.42	.21
@CALIF. CHILDREN SERVICES*	10,202	244,827	\$ 19,939,978.95	\$ 81.45	.686	\$ 1954.52	\$ 55.86

@XOVER EXCLUDING STATE HOSP** 158 902 \$ 28,577.55 \$ 31.68 .003 \$ 180.87 \$.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,793
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

82,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	33,839	287,944	\$ 11,384,598.52	\$ 39.54	3.500	\$ 336.43	\$ 138.38
@PHYSICIANS SERVICES	14,429	34,017	\$ 1,658,019.58	\$ 48.74	.413	\$ 114.91	\$ 20.15
OUTPATIENT VISITS	11,501	15,469	578,312.19	37.39	.188	50.28	7.03
OFFICE VISITS	7,889	9,561	318,664.54	33.33	.116	40.39	3.87
HOME VISITS	23	24	834.95	34.79	.000	36.30	.01
EMERGENCY ROOM	1,955	2,132	115,472.57	54.16	.026	59.07	1.40
PREVENTIVE CARE	20	20	927.89	46.39	.000	46.39	.01
OB VISITS/COMPRE PERI	859	2,209	107,975.85	48.88	.027	125.70	1.31
OTHER OUTPATIENT	1,225	1,523	34,436.39	22.61	.019	28.11	.42
INPATIENT VISITS	987	3,816	320,005.73	83.86	.046	324.22	3.89
HOSPITAL VISITS	857	2,239	106,261.78	47.46	.027	123.99	1.29
CRITICAL CARE	126	1,403	207,612.42	147.98	.017	1647.72	2.52
SNF/ICF/TRANS IP CARE	58	174	6,131.53	35.24	.002	105.72	.07
OPHTHALMOLOGICAL SERVICES	157	185	8,209.89	44.38	.002	52.29	.10
EXAMINATIONS	143	171	7,972.31	46.62	.002	55.75	.10
SERVICES AND MATERIALS	14	14	237.58	16.97	.000	16.97	.00
INPATIENT HOSPITAL SURGERY	586	2,870	343,023.57	119.52	.035	585.36	4.17
PRINCIPAL SURGEON	377	470	271,053.64	576.71	.006	718.98	3.29
ASSISTANT SURGEON	60	60	10,516.25	175.27	.001	175.27	.13
ANESTHESIOLOGIST	283	2,340	61,453.68	26.26	.028	217.15	.75
OUTPATIENT SURGERY	724	1,560	113,318.39	72.64	.019	156.52	1.38
PRINCIPAL SURGEON	615	759	90,297.20	118.97	.009	146.82	1.10
ASSISTANT SURGEON	1	1	252.77	252.77	.000	252.77	.00
ANESTHESIOLOGIST	195	800	22,768.42	28.46	.010	116.76	.28
DIALYSIS	6	22	2,570.19	116.83	.000	428.37	.03
PATHOLOGY	869	1,552	19,607.58	12.63	.019	22.56	.24
RADIOLOGY	2,381	4,225	169,330.90	40.08	.051	71.12	2.06
PSYCHIATRY	6	10	331.37	33.14	.000	55.23	.00
IMMUNIZATION AND INJECTION	217	552	8,474.66	15.35	.007	39.05	.10
OTHER SERVICES/ALL X-OVERS	1,233	3,756	94,835.11	25.25	.046	76.91	1.15
@PHARMACY	13,544	66,827	\$ 1,801,231.93	\$ 26.95	.812	\$ 132.99	\$ 21.89
PRESCRIPTION DRUGS	13,419	29,331	1,721,333.77	58.69	.357	128.28	20.92
SNF/ICF	241	2,209	161,337.54	73.04	.027	669.45	1.96
OUTPATIENTS	13,198	27,122	1,559,996.23	57.52	.330	118.20	18.96
MEDICAL SUPPLIES	515	37,496	79,898.16	2.13	.456	155.14	.97
@DENTIST	3,015	20,257	\$ 475,737.19	\$ 23.49	.246	\$ 157.79	\$ 5.78
VISITS - DIAGNOSTIC	2,352	14,963	203,880.82	13.63	.182	86.68	2.48
ORAL SURGERY	451	975	54,573.75	55.97	.012	121.01	.66
DRUGS	54	65	1,340.00	20.62	.001	24.81	.02
ANESTHESIA	8	9	700.00	77.78	.000	87.50	.01
PERIODONTICS	13	15	1,181.00	78.73	.000	90.85	.01
ENDODONTICS	199	367	43,122.69	117.50	.004	216.70	.52
RESTORATIVE DENTISTRY	1,021	3,410	156,333.28	45.85	.041	153.12	1.90
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	5	20	862.00	43.10	.000	172.40	.01
SPACE MAINTAINERS	31	38	4,511.00	118.71	.000	145.52	.05

MAXILLOFACIAL SERVICES	7	10	430.15	43.02	.000	61.45	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	141	225	8,097.50	35.99	.003	57.43	.10
ALL OTHER SERVICES	93	159	675.00	4.25	.002	7.26	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,794
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

82,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	555	1,540	\$ 34,554.18	\$ 22.44	.019 \$ 62.26 \$.42
DIAGNOSTIC AND ANC. PROCED	422	456	18,826.19	41.29	.006 44.61 .23
EYE APPLIANCES	385	1,079	15,508.89	14.37	.013 40.28 .19
OTHER OPTOMETRIC SERVICES	5	5	219.10	43.82	.000 43.82 .00
@CHIROPRACTOR	52	89	\$ 1,488.08	\$ 16.72	.001 \$ 28.62 \$.02
VISITS	52	89	1,488.08	16.72	.001 28.62 .02
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	31	46	\$ 1,769.56	\$ 38.47	.001 \$ 57.08 \$.02
MEDICINE/INJECTIONS	26	31	1,485.83	47.93	.000 57.15 .02
SURGERY/ANES.	9	13	249.13	19.16	.000 27.68 .00
RADIO./PATHOLOGY	2	2	34.60	17.30	.000 17.30 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	83	7,302	\$ 213,822.74	\$ 29.28	.089 \$ 2576.18 \$ 2.60
NURSE ANESTHESIST	19	154	\$ 2,790.60	\$ 18.12	.002 \$ 146.87 \$.03
NURSE MIDWIFE	8	53	\$ 807.35	\$ 15.23	.001 \$ 100.92 \$.01
PEDIATRIC NURSE PRACTITIONER	3	3	\$ 189.18	\$ 63.06	.000 \$ 63.06 \$.00
FAMILY NURSE PRACTITIONER	24	56	\$ 1,523.15	\$ 27.20	.001 \$ 63.46 \$.02
@TOTAL HOSPITAL	5,961	25,203	\$ 4,889,316.38	\$ 194.00	.306 \$ 820.22 \$ 59.43
HOSP INPATIENT TOTAL	655	3,244	4,373,048.71	1348.04	.039 6676.41 53.16
HSC HOSPITALS	629	3,118	4,206,332.95	1349.05	.038 6687.33 51.13
NON-HSC HOSPITAL TOTAL	27	126	166,715.76	1323.14	.002 6174.66 2.03
ACCOMMODATIONS	27	126	99,436.34	789.18	.002 3682.83 1.21

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	126	99,436.34	789.18	.002	3682.83	1.21
ANCILLARIES	27	0	67,279.42	.00	.000	2491.83	.82
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,569	21,959	516,267.67	23.51	.267	92.70	6.28
MEDICAL	785	1,057	44,069.43	41.69	.013	56.14	.54
SURGERY	439	515	19,527.21	37.92	.006	44.48	.24
PATHOLOGY	1,873	8,487	88,063.75	10.38	.103	47.02	1.07
RADIOLOGY	1,163	1,586	97,403.52	61.41	.019	83.75	1.18
ROOM USE	4,060	5,124	187,420.23	36.58	.062	46.16	2.28
CROSSOVERS/ALL OTH OUTPTNT	1,849	5,190	79,783.53	15.37	.063	43.15	.97
@COUNTY HOSPITAL TOTAL	64	327	\$ 59,302.68	\$ 181.35	.004	\$ 926.60	\$.72
CO HOSPITAL INPATIENT TOTAL	6	46	51,180.00	1112.61	.001	8530.00	.62
HSC HOSPITALS	6	46	51,180.00	1112.61	.001	8530.00	.62
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	61	281	8,122.68	28.91	.003	133.16	.10
MEDICAL	21	24	1,278.55	53.27	.000	60.88	.02
SURGERY	11	16	557.66	34.85	.000	50.70	.01
PATHOLOGY	26	109	1,984.96	18.21	.001	76.34	.02
RADIOLOGY	4	8	455.10	56.89	.000	113.78	.01
ROOM USE	44	69	3,123.17	45.26	.001	70.98	.04
CROSSOVERS/ALL OTH OUTPTNT	26	55	723.24	13.15	.001	27.82	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,795
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	82,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,901	24,876	\$	4,830,013.70	\$ 194.16	.302	\$ 818.51	\$ 58.71
COMM HOSP INPATIENT TOTAL	649	3,198		4,321,868.71	1351.43	.039	6659.27	52.53
HSC HOSPITALS	623	3,072		4,155,152.95	1352.59	.037	6669.59	50.51
NON-HSC HOSPITALS TOTAL	27	126		166,715.76	1323.14	.002	6174.66	2.03
ACCOMMODATIONS	27	126		99,436.34	789.18	.002	3682.83	1.21
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	126		99,436.34	789.18	.002	3682.83	1.21
ANCILLARIES	27	0		67,279.42	.00	.000	2491.83	.82
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,511	21,678		508,144.99	23.44	.264	92.21	6.18
MEDICAL	764	1,033		42,790.88	41.42	.013	56.01	.52
SURGERY	428	499		18,969.55	38.02	.006	44.32	.23
PATHOLOGY	1,849	8,378		86,078.79	10.27	.102	46.55	1.05
RADIOLOGY	1,159	1,578		96,948.42	61.44	.019	83.65	1.18
ROOM USE	4,018	5,055		184,297.06	36.46	.061	45.87	2.24
CROSSOVERS/ALL OTH OUTPTNT	1,823	5,135		79,060.29	15.40	.062	43.37	.96
@STATE HOSPITAL	9	266	\$	142,504.40	\$ 535.73	.003	\$ 15833.82	\$ 1.73

MENTALLY ILL	9	266		142,504.40	535.73	.003	15833.82	1.73
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	154	6,332	\$	1,248,178.21	\$ 197.12	.077	\$ 8105.05	\$ 15.17
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	10	625		77,536.00	124.06	.008	7753.60	.94
LEV B-SUBACUTE FREESTANDING	14	607		320,838.60	528.56	.007	22917.04	3.90
LEV B-SUBACUTE HSPTL BASED	19	559		318,150.88	569.14	.007	16744.78	3.87
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	111	4,541		531,652.73	117.08	.055	4789.66	6.46
@INTERMEDIATE CARE FACIL.-DD	8	324	\$	51,850.72	\$ 160.03	.004	\$ 6481.34	\$.63
ICF DDH	6	275		42,923.00	156.08	.003	7153.83	.52
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	2	49		8,927.72	182.20	.001	4463.86	.11
@HEMODIALYSIS TOTAL	12	597	\$	27,567.51	\$ 46.18	.007	\$ 2297.29	\$.34
HOSPITAL BASED	1	13		1,863.56	143.35	.000	1863.56	.02
HEMODIALYSIS CENTER	11	584		25,703.95	44.01	.007	2336.72	.31
@REHABILITATION FACILITY	86	884	\$	17,183.87	\$ 19.44	.011	\$ 199.81	\$.21
HOSPITAL BASED	43	134		4,989.17	37.23	.002	116.03	.06
INDEPENDENT FACILITY	43	750		12,194.70	16.26	.009	283.60	.15
@LABORATORY FACILITY	2,996	8,424	\$	104,976.19	\$ 12.46	.102	\$ 35.04	\$ 1.28
PATHOLOGY	2,995	8,423		104,966.69	12.46	.102	35.05	1.28
XO AND OTHERS	1	1		9.50	9.50	.000	9.50	.00
@ORGANIZED OUTPATIENT CLINIC	2,306	6,470	\$	317,071.31	\$ 49.01	.079	\$ 137.50	\$ 3.85
CLINIC	1,344	4,805		141,833.12	29.52	.058	105.53	1.72
SURGICENTER	65	363		11,834.17	32.60	.004	182.06	.14
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	905	1,302		163,404.02	125.50	.016	180.56	1.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT							

PAGE 10,796
03/14/05

		----- MONTHLY AVERAGE -----						
82,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,352	109,100	\$ 394,016.39	\$ 3.61	1.326	\$ 167.52	\$ 4.79	
DURABLE MED. EQUIP.	169	767	53,225.30	69.39	.009	314.94	.65	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.00	
MEDICAL TRANSPORTATION	457	7,173	80,795.93	11.26	.087	176.80	.98	
AMBULANCES/AIR TRANS	444	3,370	56,206.15	16.68	.041	126.59	.68	
OTHER TRANS	12	3,788	6,990.38	1.85	.046	582.53	.08	
OTHER SERVICES	14	15	17,599.40	1173.29	.000	1257.10	.21	
ACUPUNCTURE	1	1	12.17	12.17	.000	12.17	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	267	268	28,140.00	105.00	.003	105.39	.34	
IHMC,MODEL-NF,NF,AIDS,MSSP	1	18	582.30	32.35	.000	582.30	.01	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	672	1,458	12,347.94	8.47	.018	18.37	.15	
PHYSICAL THERAPIST	3	12	237.91	19.83	.000	79.30	.00	
PORTABLE X-RAY	11	29	750.31	25.87	.000	68.21	.01	
PROSTHETIST/ORTHOTISTS	22	82	23,776.07	289.95	.001	1080.73	.29	
PROSTHETICS	22	82	23,776.07	289.95	.001	1080.73	.29	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	7	35	1,423.33	40.67	.000	203.33	.02	
SPEECH AND AUDIOLOGY	30	79	4,487.67	56.81	.001	149.59	.05	
HOSPICE SERVICES	2	5	635.66	127.13	.000	317.83	.01	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	587	16,093	75,870.10	4.71	.196	129.25	.92
EPSDT SUPPLEMENTAL SERVICE	20	2,695	76,364.49	28.34	.033	3818.22	.93
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	153	80,384	35,342.21	.44	.977	230.99	.43
@CALIF. CHILDREN SERVICES*	1,049	35,302	\$ 2,657,423.37	\$ 75.28	.429	\$ 2533.29	\$ 32.30
@XOVER EXCLUDING STATE HOSP**	13	9	\$ 10,506.45	\$ 1167.38	.000	\$ 808.19	\$.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,797
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7	100	\$ 4,525.90	\$ 45.26	.000	\$ 646.56	\$.00
@PHYSICIANS SERVICES	4	21	\$ 151.53	\$ 7.22	.000	\$ 37.88	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	21	151.53	7.22	.000	37.88	.00
@PHARMACY	3	53	\$ 119.48	\$ 2.25	.000	\$ 39.83	\$.00
PRESCRIPTION DRUGS	2	3	10.58	3.53	.000	5.29	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	3	10.58	3.53	.000	5.29	.00
MEDICAL SUPPLIES	2	50	108.90	2.18	.000	54.45	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,798
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
VISITS	0	0	.00	.00	.000	.00	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
@TOTAL HOSPITAL	1	0	\$ 806.40	\$.00	.000	\$ 806.40	\$.00	.00
HOSP INPATIENT TOTAL	1	0	806.40	.00	.000	806.40	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00	.00
INPATIENT CROSSOVERS	1	0	806.40	.00	.000	806.40	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,799
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	0	\$ 806.40	\$.00	.000	\$ 806.40	\$.00
COMM HOSP INPATIENT TOTAL	1	0	806.40	.00	.000	806.40	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	806.40	.00	.000	806.40	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	24	\$ 3,391.44	\$ 141.31	.000	\$ 3391.44	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	24	3,391.44	141.31	.000	3391.44	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$ 57.05	\$ 28.53	.000	\$ 57.05	\$.00
PATHOLOGY	1	2	57.05	28.53	.000	57.05	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,800
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	70	\$ 988.48	\$ 14.12	.000	\$ 247.12	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 10,801

MPO024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,802
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,803
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
INDEPENDENT FACILITY	0	0		.00		.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00		.000		.00
XO AND OTHERS	0	0		.00		.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00		.000		.00
SURGICENTER	0	0		.00		.000		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00
RURAL HEALTH CLINIC	0	0		.00		.000		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.000	\$
DURABLE MED. EQUIP.	0	0		.00		.000		
BLOOD BANK	0	0		.00		.000		
HEARING AID DISPENSERS	0	0		.00		.000		
MEDICAL TRANSPORTATION	0	0		.00		.000		
AMBULANCES/AIR TRANS	0	0		.00		.000		
OTHER TRANS	0	0		.00		.000		
OTHER SERVICES	0	0		.00		.000		
ACUPUNCTURE	0	0		.00		.000		
ADULT DAY HEALTH CARE CTR	0	0		.00		.000		
GENETIC DISEASE TESTING	0	0		.00		.000		

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS

PAGE 10,805
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000		.00
EYE APPLIANCES	0	0		.00	.000		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.000		.00
@CHIROPRACTOR	0	0	\$	.00	.000	\$	.00
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
@PODIATRIST	0	0	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.000		.00
SURGERY/ANES.	0	0		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00	.000		.00
OTHER	0	0		.00	.000		.00
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,807
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS						AID CODES 51 52 56 57

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,808
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

			----- MONTHLY AVERAGE -----					
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00	\$
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00	
OPTICIAN	0	0		.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,809
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

13,777 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,999	45,928	\$ 4,809,322.67	\$ 104.71	3.334	\$ 801.69	\$ 349.08
@PHYSICIANS SERVICES	3,462	13,614	\$ 974,666.33	\$ 71.59	.988	\$ 281.53	\$ 70.75
OUTPATIENT VISITS	1,932	4,795	198,588.24	41.42	.348	102.79	14.41
OFFICE VISITS	373	451	20,834.24	46.20	.033	55.86	1.51
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	407	460	29,373.81	63.86	.033	72.17	2.13
PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.00
OB VISITS/COMPRE PERI	1,280	3,796	146,173.08	38.51	.276	114.20	10.61
OTHER OUTPATIENT	58	87	2,138.38	24.58	.006	36.87	.16
INPATIENT VISITS	630	2,024	105,874.95	52.31	.147	168.06	7.68
HOSPITAL VISITS	610	1,766	74,898.69	42.41	.128	122.78	5.44
CRITICAL CARE	38	258	30,976.26	120.06	.019	815.16	2.25
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	44.55	44.55	.000	44.55	.00
EXAMINATIONS	1	1	44.55	44.55	.000	44.55	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	728	3,025	473,771.50	156.62	.220	650.79	34.39
PRINCIPAL SURGEON	528	620	397,491.49	641.12	.045	752.82	28.85
ASSISTANT SURGEON	73	73	13,434.00	184.03	.005	184.03	.98
ANESTHESIOLOGIST	288	2,332	62,846.01	26.95	.169	218.22	4.56
OUTPATIENT SURGERY	159	320	21,970.28	68.66	.023	138.18	1.59
PRINCIPAL SURGEON	132	173	17,714.95	102.40	.013	134.20	1.29

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	36	147	4,255.33	28.95	.011	118.20	.31
DIALYSIS	63	209	22,583.25	108.05	.015	358.46	1.64
PATHOLOGY	329	554	13,144.52	23.73	.040	39.95	.95
RADIOLOGY	1,118	2,003	110,198.48	55.02	.145	98.57	8.00
PSYCHIATRY	1	1	102.39	102.39	.000	102.39	.01
IMMUNIZATION AND INJECTION	76	104	5,050.12	48.56	.008	66.45	.37
OTHER SERVICES/ALL X-OVERS	337	578	23,338.05	40.38	.042	69.25	1.69
@PHARMACY	1,772	3,965	\$ 128,759.51	\$ 32.47	.288	\$ 72.66	\$ 9.35
PRESCRIPTION DRUGS	1,721	3,740	116,529.90	31.16	.271	67.71	8.46
SNF/ICF	2	13	616.95	47.46	.001	308.48	.04
OUTPATIENTS	1,719	3,727	115,912.95	31.10	.271	67.43	8.41
MEDICAL SUPPLIES	111	225	12,229.61	54.35	.016	110.18	.89
@DENTIST	45	165	\$ 1,250.00	\$ 7.58	.012	\$ 27.78	\$.09
VISITS - DIAGNOSTIC	38	99	665.00	6.72	.007	17.50	.05
ORAL SURGERY	10	17	530.00	31.18	.001	53.00	.04
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	5	55.00	11.00	.000	11.00	.00
ENDODONTICS	2	2	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	11	.00	.00	.001	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	27	.00	.00	.002	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,810
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

13,777 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	58	\$ 4,136.72	\$ 71.32	.004	\$ 517.09	\$.30
NURSE ANESTHESIST	27	274	\$ 5,073.93	\$ 18.52	.020	\$ 187.92	\$.37
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,907	10,288	\$ 3,160,873.17	\$ 307.24	.747	\$ 1657.51	\$ 229.43
HOSP INPATIENT TOTAL	631	2,237	2,981,859.53	1332.97	.162	4725.61	216.44
HSC HOSPITALS	621	2,173	2,838,295.40	1306.16	.158	4570.52	206.02
NON-HSC HOSPITAL TOTAL	9	64	142,688.13	2229.50	.005	15854.24	10.36
ACCOMMODATIONS	9	64	47,870.40	747.98	.005	5318.93	3.47

ADMINISTRATIVE DAYS	1	10	2,313.00	231.30	.001	2313.00	.17
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	54	45,557.40	843.66	.004	5694.68	3.31
ANCILLARIES	9	0	94,817.73	.00	.000	10535.30	6.88
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,629	8,051	179,013.64	22.23	.584	109.89	12.99
MEDICAL	193	278	6,973.56	25.08	.020	36.13	.51
SURGERY	196	314	8,182.30	26.06	.023	41.75	.59
PATHOLOGY	683	3,651	34,855.95	9.55	.265	51.03	2.53
RADIOLOGY	412	566	42,222.05	74.60	.041	102.48	3.06
ROOM USE	808	1,086	41,180.29	37.92	.079	50.97	2.99
CROSSOVERS/ALL OTH OUTPTNT	917	2,156	45,599.49	21.15	.156	49.73	3.31
@COUNTY HOSPITAL TOTAL	25	139	\$ 34,690.65	\$ 249.57	.010	\$ 1387.63	\$ 2.52
CO HOSPITAL INPATIENT TOTAL	14	28	31,482.19	1124.36	.002	2248.73	2.29
HSC HOSPITALS	14	28	31,482.19	1124.36	.002	2248.73	2.29
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	21	111	3,208.46	28.91	.008	152.78	.23
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	4	7	187.48	26.78	.001	46.87	.01
PATHOLOGY	10	52	839.51	16.14	.004	83.95	.06
RADIOLOGY	1	1	26.13	26.13	.000	26.13	.00
ROOM USE	8	17	954.45	56.14	.001	119.31	.07
CROSSOVERS/ALL OTH OUTPTNT	16	34	1,200.89	35.32	.002	75.06	.09

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,811
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

13,777 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,884	10,149	\$ 3,126,182.52	\$ 308.03	.737	\$ 1659.33	\$ 226.91
COMM HOSP INPATIENT TOTAL	617	2,209	2,950,377.34	1335.62	.160	4781.81	214.15
HSC HOSPITALS	607	2,145	2,806,813.21	1308.54	.156	4624.07	203.73
NON-HSC HOSPITALS TOTAL	9	64	142,688.13	2229.50	.005	15854.24	10.36
ACCOMMODATIONS	9	64	47,870.40	747.98	.005	5318.93	3.47
ADMINISTRATIVE DAYS	1	10	2,313.00	231.30	.001	2313.00	.17
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	54	45,557.40	843.66	.004	5694.68	3.31
ANCILLARIES	9	0	94,817.73	.00	.000	10535.30	6.88
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,609	7,940	175,805.18	22.14	.576	109.26	12.76
MEDICAL	193	278	6,973.56	25.08	.020	36.13	.51
SURGERY	192	307	7,994.82	26.04	.022	41.64	.58
PATHOLOGY	673	3,599	34,016.44	9.45	.261	50.54	2.47
RADIOLOGY	411	565	42,195.92	74.68	.041	102.67	3.06
ROOM USE	800	1,069	40,225.84	37.63	.078	50.28	2.92
CROSSOVERS/ALL OTH OUTPTNT	901	2,122	44,398.60	20.92	.154	49.28	3.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	\$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	107	6,798	\$	284,089.58	\$	41.79	.493	\$ 2655.04 \$ 20.62
HOSPITAL BASED	6	58		11,098.53		191.35	.004	1849.76 .81
HEMODIALYSIS CENTER	101	6,740		272,991.05		40.50	.489	2702.88 19.81
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00 .00
@LABORATORY FACILITY	1,813	5,394	\$	66,997.22	\$	12.42	.392	\$ 36.95 \$ 4.86
PATHOLOGY	1,813	5,394		66,997.22		12.42	.392	36.95 4.86
XO AND OTHERS	0	0		.00		.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	911	4,389	\$	141,717.22	\$	32.29	.319	\$ 155.56 \$ 10.29
CLINIC	761	4,064		105,153.03		25.87	.295	138.18 7.63
SURGICENTER	13	59		1,822.88		30.90	.004	140.22 .13
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00 .00
RURAL HEALTH CLINIC	137	266		34,741.31		130.61	.019	253.59 2.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,812
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
13,777 ELIGIBLES							
@ALL OTHER PROVIDERS	386	983	\$ 41,758.99	\$ 42.48	.071	\$ 108.18	\$ 3.03
DURABLE MED. EQUIP.	1	1	11.07	11.07	.000	11.07	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	115	706	13,191.42	18.68	.051	114.71	.96
AMBULANCES/AIR TRANS	115	703	13,161.78	18.72	.051	114.45	.96
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	29.64	9.88	.000	9.88	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	258	259	27,195.00	105.00	.019	105.41	1.97
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	15	17	1,361.50	80.09	.001	90.77	.10
PROSTHETICS	15	17	1,361.50	80.09	.001	90.77	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	54	659	\$ 141,708.97	\$ 215.04	.048	\$ 2624.24	\$ 10.29
@XOVER EXCLUDING STATE HOSP**	6	16	\$ 1,420.88	\$ 88.81	.001	\$ 236.81	\$.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,813
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

3,555 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,903	39,826	\$ 661,945.50	\$ 16.62	11.203	\$ 169.60	\$ 186.20
@PHYSICIANS SERVICES	1,574	4,332	\$ 186,692.42	\$ 43.10	1.219	\$ 118.61	\$ 52.52
OUTPATIENT VISITS	1,161	1,649	64,781.41	39.29	.464	55.80	18.22
OFFICE VISITS	1,110	1,541	59,840.62	38.83	.433	53.91	16.83
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	37	40	2,616.54	65.41	.011	70.72	.74
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	20	60	2,112.17	35.20	.017	105.61	.59
OTHER OUTPATIENT	7	8	212.08	26.51	.002	30.30	.06
INPATIENT VISITS	13	44	1,710.82	38.88	.012	131.60	.48
HOSPITAL VISITS	13	44	1,710.82	38.88	.012	131.60	.48
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	63	76	3,142.38	41.35	.021	49.88	.88
EXAMINATIONS	51	64	2,904.73	45.39	.018	56.96	.82
SERVICES AND MATERIALS	12	12	237.65	19.80	.003	19.80	.07
INPATIENT HOSPITAL SURGERY	12	59	4,514.99	76.53	.017	376.25	1.27
PRINCIPAL SURGEON	7	8	2,696.94	337.12	.002	385.28	.76
ASSISTANT SURGEON	3	3	717.98	239.33	.001	239.33	.20
ANESTHESIOLOGIST	4	48	1,100.07	22.92	.014	275.02	.31
OUTPATIENT SURGERY	70	156	14,505.28	92.98	.044	207.22	4.08
PRINCIPAL SURGEON	58	80	12,637.40	157.97	.023	217.89	3.55
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.03
ANESTHESIOLOGIST	13	75	1,760.66	23.48	.021	135.44	.50
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	208	296	2,353.86	7.95	.083	11.32	.66
RADIOLOGY	400	662	45,515.32	68.75	.186	113.79	12.80
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	25	32	1,444.10	45.13	.009	57.76	.41
OTHER SERVICES/ALL X-OVERS	451	1,358	48,724.26	35.88	.382	108.04	13.71
@PHARMACY	1,474	5,395	\$ 170,160.89	\$ 31.54	1.518	\$ 115.44	\$ 47.87
PRESCRIPTION DRUGS	1,467	4,568	167,090.68	36.58	1.285	113.90	47.00
SNF/ICF	1	5	155.54	31.11	.001	155.54	.04
OUTPATIENTS	1,467	4,563	166,935.14	36.58	1.284	113.79	46.96
MEDICAL SUPPLIES	29	827	3,070.21	3.71	.233	105.87	.86
@DENTIST	342	1,600	\$ 93,452.20	\$ 58.41	.450	\$ 273.25	\$ 26.29
VISITS - DIAGNOSTIC	230	815	15,374.30	18.86	.229	66.84	4.32
ORAL SURGERY	40	91	5,379.30	59.11	.026	134.48	1.51
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	32	31	3,371.00	108.74	.009	105.34	.95
ENDODONTICS	61	111	29,935.00	269.68	.031	490.74	8.42
RESTORATIVE DENTISTRY	152	508	35,543.00	69.97	.143	233.84	10.00
PROSTHETICS	9	11	420.00	38.18	.003	46.67	.12
DENTURES, STAYPLATES	10	24	3,394.60	141.44	.007	339.46	.95
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	5	8	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,814
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR REFUGEES						AID CODES 01 02 08 0A

3,555 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	113			352	\$	7,277.66	\$ 20.68	.099	\$ 64.40	\$ 2.05
DIAGNOSTIC AND ANC. PROCED	70			72		3,148.61	43.73	.020	44.98	.89
EYE APPLIANCES	87			280		4,129.05	14.75	.079	47.46	1.16
OTHER OPTOMETRIC SERVICES	0			0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0			0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0			0		.00	.00	.000	.00	.00
OTHER SERVICES	0			0		.00	.00	.000	.00	.00
@PODIATRIST	21			29	\$	933.55	\$ 32.19	.008	\$ 44.45	\$.26
MEDICINE/INJECTIONS	20			22		819.35	37.24	.006	40.97	.23
SURGERY/ANES.	3			3		45.00	15.00	.001	15.00	.01
RADIO./PATHOLOGY	3			4		69.20	17.30	.001	23.07	.02
OTHER	0			0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4			16	\$	1,063.57	\$ 66.47	.005	\$ 265.89	\$.30
NURSE ANESTHESIST	0			0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0			0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0			0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	133	671	\$	85,263.87	\$	127.07	.189	\$	641.08	\$	23.98
HOSP INPATIENT TOTAL	13	49		65,917.01		1345.25	.014		5070.54		18.54
HSC HOSPITALS	13	49		65,917.01		1345.25	.014		5070.54		18.54
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	123	622		19,346.86		31.10	.175		157.29		5.44
MEDICAL	37	45		1,981.23		44.03	.013		53.55		.56
SURGERY	14	15		882.77		58.85	.004		63.06		.25
PATHOLOGY	46	268		2,482.45		9.26	.075		53.97		.70
RADIOLOGY	66	107		8,182.11		76.47	.030		123.97		2.30
ROOM USE	59	84		3,921.96		46.69	.024		66.47		1.10
CROSSOVERS/ALL OTH OUTPTNT	41	103		1,896.34		18.41	.029		46.25		.53
@COUNTY HOSPITAL TOTAL	1	4	\$	52.62	\$	13.16	.001	\$	52.62	\$	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	4		52.62		13.16	.001		52.62		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		9.81		4.91	.001		9.81		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		36.11		36.11	.000		36.11		.01
CROSSOVERS/ALL OTH OUTPTNT	1	1		6.70		6.70	.000		6.70		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,815
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

	3,555 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	132	667	\$	85,211.25	\$ 127.75	.188	\$ 645.54	\$ 23.97
COMM HOSP INPATIENT TOTAL	13	49		65,917.01	1345.25	.014	5070.54	18.54
HSC HOSPITALS	13	49		65,917.01	1345.25	.014	5070.54	18.54
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	122	618		19,294.24	31.22	.174	158.15	5.43
MEDICAL	37	45		1,981.23	44.03	.013	53.55	.56

SURGERY	14	15	882.77	58.85	.004	63.06	.25
PATHOLOGY	45	266	2,472.64	9.30	.075	54.95	.70
RADIOLOGY	66	107	8,182.11	76.47	.030	123.97	2.30
ROOM USE	58	83	3,885.85	46.82	.023	67.00	1.09
CROSSOVERS/ALL OTH OUTPTNT	40	102	1,889.64	18.53	.029	47.24	.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	963	4,417	\$ 47,588.68	\$ 10.77	1.242	\$ 49.42	\$ 13.39
PATHOLOGY	963	4,417	47,588.68	10.77	1.242	49.42	13.39
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	734	2,787	\$ 42,101.21	\$ 15.11	.784	\$ 57.36	\$ 11.84
CLINIC	721	2,707	39,446.66	14.57	.761	54.71	11.10
SURGICENTER	13	80	2,654.55	33.18	.023	204.20	.75
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,816
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

3,555 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	238	20,227	\$ 27,411.45	\$ 1.36	5.690	\$ 115.17	\$ 7.71
DURABLE MED. EQUIP.	25	35	2,017.02	57.63	.010	80.68	.57
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	80	1,512.12	18.90	.023	94.51	.43
AMBULANCES/AIR TRANS	16	79	1,502.24	19.02	.022	93.89	.42
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	9.88	9.88	.000	9.88	.00
ACUPUNCTURE	2	6	118.94	19.82	.002	59.47	.03
ADULT DAY HEALTH CARE CTR	9	42	2,998.92	71.40	.012	333.21	.84
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	109	249	2,410.10	9.68	.070	22.11	.68
PHYSICAL THERAPIST	55	654	8,453.86	12.93	.184	153.71	2.38
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	306.44	102.15	.001	306.44	.09

PROSTHETICS	1	3	306.44	102.15	.001	306.44	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	12	487.17	40.60	.003	121.79	.14
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	35	19,145	9,001.88	.47	5.385	257.20	2.53
@CALIF. CHILDREN SERVICES*	2	5	\$ 176.71	\$ 35.34	.001	\$ 88.36	\$.05
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,817
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

961 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,249	23,179	\$ 1,499,652.76	\$ 64.70	24.120	\$ 1200.68	\$ 1560.51
@PHYSICIANS SERVICES	847	12,475	\$ 575,871.24	\$ 46.16	12.981	\$ 679.90	\$ 599.24
OUTPATIENT VISITS	565	906	29,361.84	32.41	.943	51.97	30.55
OFFICE VISITS	432	697	21,861.76	31.37	.725	50.61	22.75
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	47	52	3,709.36	71.33	.054	78.92	3.86
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	8	67.28	8.41	.008	22.43	.07
OTHER OUTPATIENT	115	149	3,723.44	24.99	.155	32.38	3.87
INPATIENT VISITS	44	196	9,077.37	46.31	.204	206.30	9.45
HOSPITAL VISITS	43	189	8,150.45	43.12	.197	189.55	8.48
CRITICAL CARE	3	7	926.92	132.42	.007	308.97	.96
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	7	267.40	38.20	.007	44.57	.28
EXAMINATIONS	6	7	267.40	38.20	.007	44.57	.28
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	61	322	21,863.47	67.90	.335	358.42	22.75
PRINCIPAL SURGEON	39	45	15,662.70	348.06	.047	401.61	16.30
ASSISTANT SURGEON	3	3	380.11	126.70	.003	126.70	.40
ANESTHESIOLOGIST	27	274	5,820.66	21.24	.285	215.58	6.06
OUTPATIENT SURGERY	90	384	19,299.42	50.26	.400	214.44	20.08
PRINCIPAL SURGEON	67	105	15,120.44	144.00	.109	225.68	15.73
ASSISTANT SURGEON	2	2	334.70	167.35	.002	167.35	.35
ANESTHESIOLOGIST	29	277	3,844.28	13.88	.288	132.56	4.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	221	1,259	16,280.05	12.93	1.310	73.67	16.94
RADIOLOGY	353	1,445	125,132.39	86.60	1.504	354.48	130.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	92	6,730	333,178.62	49.51	7.003	3621.51	346.70
OTHER SERVICES/ALL X-OVERS	206	1,226	21,410.68	17.46	1.276	103.94	22.28
@PHARMACY	772	2,359	\$ 222,401.17	\$ 94.28	2.455	\$ 288.08	\$ 231.43
PRESCRIPTION DRUGS	767	2,316	221,478.41	95.63	2.410	288.76	230.47
SNF/ICF	2	19	883.95	46.52	.020	441.98	.92
OUTPATIENTS	766	2,297	220,594.46	96.04	2.390	287.98	229.55

MEDICAL SUPPLIES	17	43		922.76		21.46	.045	54.28	.96
@DENTIST	59	263	\$	10,690.00	\$	40.65	.274	\$ 181.19	\$ 11.12
VISITS - DIAGNOSTIC	40	148		2,338.00		15.80	.154	58.45	2.43
ORAL SURGERY	13	25		1,310.00		52.40	.026	100.77	1.36
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	3	3		295.00		98.33	.003	98.33	.31
ENDODONTICS	6	8		1,325.00		165.63	.008	220.83	1.38
RESTORATIVE DENTISTRY	26	57		4,187.00		73.46	.059	161.04	4.36
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	5	22		1,235.00		56.14	.023	247.00	1.29
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,818
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

	961 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	24	68	\$	1,408.12	\$ 20.71	.071	\$ 58.67	\$ 1.47
DIAGNOSTIC AND ANC. PROCED	16	17		621.47	36.56	.018	38.84	.65
EYE APPLIANCES	19	51		786.65	15.42	.053	41.40	.82
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	7	10	\$	463.90	\$ 46.39	.010	\$ 66.27	\$.48
MEDICINE/INJECTIONS	7	7		267.60	38.23	.007	38.23	.28
SURGERY/ANES.	1	1		11.00	11.00	.001	11.00	.01
RADIO./PATHOLOGY	1	1		17.30	17.30	.001	17.30	.02
OTHER	1	1		168.00	168.00	.001	168.00	.17
@HOME HEALTH AGENCY	5	11	\$	683.25	\$ 62.11	.011	\$ 136.65	\$.71
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	431	6,664	\$	648,735.19	\$ 97.35	6.934	\$ 1505.19	\$ 675.06
HOSP INPATIENT TOTAL	59	238		295,204.32	1240.35	.248	5003.46	307.18
HSC HOSPITALS	58	229		291,004.00	1270.76	.238	5017.31	302.81
NON-HSC HOSPITAL TOTAL	2	9		3,324.32	369.37	.009	1662.16	3.46
ACCOMMODATIONS	2	9		1,848.10	205.34	.009	924.05	1.92
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	9		1,848.10	205.34	.009	924.05	1.92
ANCILLARIES	2	0		1,476.22	.00	.000	738.11	1.54
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	.91
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	393	6,426		353,530.87	55.02	6.687	899.57	367.88
MEDICAL	89	162		7,722.88	47.67	.169	86.77	8.04
SURGERY	46	58		2,911.78	50.20	.060	63.30	3.03
PATHOLOGY	211	1,584		10,815.67	6.83	1.648	51.26	11.25
RADIOLOGY	117	374		35,652.84	95.33	.389	304.73	37.10
ROOM USE	261	562		23,504.36	41.82	.585	90.06	24.46

CROSSEOVERS/ALL OTH OUTPTNT	157	3,686		272,923.34	74.04	3.836	1738.37	284.00	
@COUNTY HOSPITAL TOTAL	14	161	\$	8,515.57	\$ 52.89	.168	\$ 608.26	\$ 8.86	
CO HOSPITAL INPATIENT TOTAL	1	4		4,400.00	1100.00	.004	4400.00	4.58	
HSC HOSPITALS	1	4		4,400.00	1100.00	.004	4400.00	4.58	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	13	157		4,115.57	26.21	.163	316.58	4.28	
MEDICAL	7	23		911.44	39.63	.024	130.21	.95	
SURGERY	1	1		126.12	126.12	.001	126.12	.13	
PATHOLOGY	8	33		372.47	11.29	.034	46.56	.39	
RADIOLOGY	4	6		406.55	67.76	.006	101.64	.42	
ROOM USE	11	23		1,046.23	45.49	.024	95.11	1.09	
CROSSEOVERS/ALL OTH OUTPTNT	9	71		1,252.76	17.64	.074	139.20	1.30	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 10,819
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL								AID CODES 0M 0N 0P

	961 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	421	6,503	\$	640,219.62	\$ 98.45	6.767	\$ 1520.71	\$ 666.20
COMM HOSP INPATIENT TOTAL	58	234		290,804.32	1242.75	.243	5013.87	302.61
HSC HOSPITALS	57	225		286,604.00	1273.80	.234	5028.14	298.24
NON-HSC HOSPITALS TOTAL	2	9		3,324.32	369.37	.009	1662.16	3.46
ACCOMMODATIONS	2	9		1,848.10	205.34	.009	924.05	1.92
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	2	9	1,848.10	205.34	.009	924.05	1.92
ANCILLARIES	2	0	1,476.22	.00	.000	738.11	1.54
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	384	6,269	349,415.30	55.74	6.523	909.94	363.60
MEDICAL	83	139	6,811.44	49.00	.145	82.07	7.09
SURGERY	45	57	2,785.66	48.87	.059	61.90	2.90
PATHOLOGY	205	1,551	10,443.20	6.73	1.614	50.94	10.87
RADIOLOGY	114	368	35,246.29	95.78	.383	309.18	36.68
ROOM USE	251	539	22,458.13	41.67	.561	89.47	23.37
CROSSOVERS/ALL OTH OUTPTNT	148	3,615	271,670.58	75.15	3.762	1835.61	282.70
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	6	1,895.64	315.94	.006	947.82	1.97
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	6	1,895.64	315.94	.006	947.82	1.97
@INTERMEDIATE CARE FACIL.--DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	17	371.81	21.87	.018	123.94	.39
HOSPITAL BASED	3	17	371.81	21.87	.018	123.94	.39
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	256	920	13,892.30	15.10	.957	54.27	14.46
PATHOLOGY	256	920	13,892.30	15.10	.957	54.27	14.46
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	50	121	7,031.11	58.11	.126	140.62	7.32
CLINIC	28	53	1,869.84	35.28	.055	66.78	1.95
SURGICENTER	5	41	1,124.47	27.43	.043	224.89	1.17
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	18	27	4,036.80	149.51	.028	224.27	4.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,820
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

961 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	81	265	16,209.03	61.17	.276	200.11	16.87
DURABLE MED. EQUIP.	10	13	1,375.53	105.81	.014	137.55	1.43
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	75	1,692.02	22.56	.078	89.05	1.76
AMBULANCES/AIR TRANS	19	75	1,692.02	22.56	.078	89.05	1.76
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	8	18	324.39	18.02	.019	40.55	.34
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	42	517.15	12.31	.044	32.32	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	24	60	5,187.46	86.46	.062	216.14	5.40
PROSTHETICS	24	60	5,187.46	86.46	.062	216.14	5.40
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	52	7,079.28	136.14	.054	2359.76	7.37
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	5	33.20	6.64	.005	6.64	.03
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	19	274	5,902.23	21.54	.285	310.64	6.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,821
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV

118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	97	886	\$ 48,844.79	\$ 55.13	7.508	\$ 503.55	\$ 413.94
@PHYSICIANS SERVICES	39	186	\$ 13,832.41	\$ 74.37	1.576	\$ 354.68	\$ 117.22
OUTPATIENT VISITS	22	28	1,006.41	35.94	.237	45.75	8.53
OFFICE VISITS	13	14	492.85	35.20	.119	37.91	4.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	273.40	68.35	.034	68.35	2.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	10	240.16	24.02	.085	30.02	2.04
INPATIENT VISITS	4	20	802.80	40.14	.169	200.70	6.80
HOSPITAL VISITS	4	20	802.80	40.14	.169	200.70	6.80
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	17	2,093.30	123.14	.144	1046.65	17.74
PRINCIPAL SURGEON	1	3	1,597.09	532.36	.025	1597.09	13.53
ASSISTANT SURGEON	1	1	238.15	238.15	.008	238.15	2.02
ANESTHESIOLOGIST	1	13	258.06	19.85	.110	258.06	2.19
OUTPATIENT SURGERY	5	11	697.89	63.44	.093	139.58	5.91
PRINCIPAL SURGEON	5	5	575.86	115.17	.042	115.17	4.88
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	122.03	20.34	.051	122.03	1.03
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	13	570.99	43.92	.110	95.17	4.84
RADIOLOGY	9	51	7,630.10	149.61	.432	847.79	64.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	1	1		26.00		26.00	.008	26.00	.22
OTHER SERVICES/ALL X-OVERS	11	45		1,004.92		22.33	.381	91.36	8.52
@PHARMACY	61	215	\$	17,047.39	\$	79.29	1.822	\$ 279.47	\$ 144.47
PRESCRIPTION DRUGS	61	213		17,042.38		80.01	1.805	279.38	144.43
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	61	213		17,042.38		80.01	1.805	279.38	144.43
MEDICAL SUPPLIES	1	2		5.01		2.51	.017	5.01	.04
@DENTIST	3	7	\$	245.00	\$	35.00	.059	\$ 81.67	\$ 2.08
VISITS - DIAGNOSTIC	1	2		30.00		15.00	.017	30.00	.25
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		.00		.00	.008	.00	.00
ENDODONTICS	1	1		215.00		215.00	.008	215.00	1.82
RESTORATIVE DENTISTRY	1	3		.00		.00	.025	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,822
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	13	467	\$ 17,479.90	\$ 37.43	3.958	\$ 1344.61	\$ 148.13	
HOSP INPATIENT TOTAL	2	5	6,030.00	1206.00	.042	3015.00	51.10	
HSC HOSPITALS	2	5	6,030.00	1206.00	.042	3015.00	51.10	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	13	462		11,449.90		24.78	3.915	880.76	97.03
MEDICAL	2	16		734.93		45.93	.136	367.47	6.23
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	5	108		693.09		6.42	.915	138.62	5.87
RADIOLOGY	7	73		6,349.63		86.98	.619	907.09	53.81
ROOM USE	9	23		862.31		37.49	.195	95.81	7.31
CROSSOVERS/ALL OTH OUTPTNT	3	242		2,809.94		11.61	2.051	936.65	23.81
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,823
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

						----- MONTHLY AVERAGE -----		
118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	13	467	\$ 17,479.90	\$ 37.43	3.958	\$ 1344.61	\$ 148.13	
COMM HOSP INPATIENT TOTAL	2	5	6,030.00	1206.00	.042	3015.00	51.10	
HSC HOSPITALS	2	5	6,030.00	1206.00	.042	3015.00	51.10	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	13	462	11,449.90	24.78	3.915	880.76	97.03	
MEDICAL	2	16	734.93	45.93	.136	367.47	6.23	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	5	108	693.09	6.42	.915	138.62	5.87	
RADIOLOGY	7	73	6,349.63	86.98	.619	907.09	53.81	
ROOM USE	9	23	862.31	37.49	.195	95.81	7.31	
CROSSOVERS/ALL OTH OUTPTNT	3	242	2,809.94	11.61	2.051	936.65	23.81	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	.00	.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	7	\$	111.24	\$	15.89	.059	\$ 37.08	\$.94
PATHOLOGY	3	7		111.24		15.89	.059	37.08	.94
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,824		
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05		
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY						AID CODES 0R 0T 0U 0V		

118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	4	\$ 128.85	\$ 32.21	.034	\$ 64.43	\$ 1.09
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	4	128.85	32.21	.034	64.43	1.09

AMBULANCES/AIR TRANS	2	4	128.85	32.21	.034	64.43	1.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	4	4	50.31	12.58	.034	12.58	.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,825
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

1,079 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,346	24,065	\$ 1,548,497.55	\$ 64.35	22.303	\$ 1150.44	\$ 1435.12
@PHYSICIANS SERVICES	886	12,661	\$ 589,703.65	\$ 46.58	11.734	\$ 665.58	\$ 546.53
OUTPATIENT VISITS	587	934	30,368.25	32.51	.866	51.73	28.14
OFFICE VISITS	445	711	22,354.61	31.44	.659	50.24	20.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	51	56	3,982.76	71.12	.052	78.09	3.69
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	3	8	67.28	8.41	.007	22.43	.06
OTHER OUTPATIENT	123	159	3,963.60	24.93	.147	32.22	3.67
INPATIENT VISITS	48	216	9,880.17	45.74	.200	205.84	9.16
HOSPITAL VISITS	47	209	8,953.25	42.84	.194	190.49	8.30
CRITICAL CARE	3	7	926.92	132.42	.006	308.97	.86
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	7	267.40	38.20	.006	44.57	.25
EXAMINATIONS	6	7	267.40	38.20	.006	44.57	.25
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	63	339	23,956.77	70.67	.314	380.27	22.20
PRINCIPAL SURGEON	40	48	17,259.79	359.58	.044	431.49	16.00
ASSISTANT SURGEON	4	4	618.26	154.57	.004	154.57	.57
ANESTHESIOLOGIST	28	287	6,078.72	21.18	.266	217.10	5.63
OUTPATIENT SURGERY	95	395	19,997.31	50.63	.366	210.50	18.53
PRINCIPAL SURGEON	72	110	15,696.30	142.69	.102	218.00	14.55

ASSISTANT SURGEON	2	2	334.70	167.35	.002	167.35	.31
ANESTHESIOLOGIST	30	283	3,966.31	14.02	.262	132.21	3.68
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	227	1,272	16,851.04	13.25	1.179	74.23	15.62
RADIOLOGY	362	1,496	132,762.49	88.74	1.386	366.75	123.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	93	6,731	333,204.62	49.50	6.238	3582.85	308.81
OTHER SERVICES/ALL X-OVERS	217	1,271	22,415.60	17.64	1.178	103.30	20.77
@PHARMACY	833	2,574	\$ 239,448.56	\$ 93.03	2.386	\$ 287.45	\$ 221.92
PRESCRIPTION DRUGS	828	2,529	238,520.79	94.31	2.344	288.07	221.06
SNF/ICF	2	19	883.95	46.52	.018	441.98	.82
OUTPATIENTS	827	2,510	237,636.84	94.68	2.326	287.35	220.24
MEDICAL SUPPLIES	18	45	927.77	20.62	.042	51.54	.86
@DENTIST	62	270	\$ 10,935.00	\$ 40.50	.250	\$ 176.37	\$ 10.13
VISITS - DIAGNOSTIC	41	150	2,368.00	15.79	.139	57.76	2.19
ORAL SURGERY	13	25	1,310.00	52.40	.023	100.77	1.21
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	295.00	73.75	.004	73.75	.27
ENDODONTICS	7	9	1,540.00	171.11	.008	220.00	1.43
RESTORATIVE DENTISTRY	27	60	4,187.00	69.78	.056	155.07	3.88
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	22	1,235.00	56.14	.020	247.00	1.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,826
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

1,079 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	24	68	\$ 1,408.12	\$ 20.71	.063	\$ 58.67	\$ 1.31
DIAGNOSTIC AND ANC. PROCED	16	17	621.47	36.56	.016	38.84	.58
EYE APPLIANCES	19	51	786.65	15.42	.047	41.40	.73
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	7	10	\$ 463.90	\$ 46.39	.009	\$ 66.27	\$.43
MEDICINE/INJECTIONS	7	7	267.60	38.23	.006	38.23	.25
SURGERY/ANES.	1	1	11.00	11.00	.001	11.00	.01
RADIO./PATHOLOGY	1	1	17.30	17.30	.001	17.30	.02
OTHER	1	1	168.00	168.00	.001	168.00	.16
@HOME HEALTH AGENCY	5	11	\$ 683.25	\$ 62.11	.010	\$ 136.65	\$.63
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	444	7,131	\$ 666,215.09	\$ 93.43	6.609	\$ 1500.48	\$ 617.44
HOSP INPATIENT TOTAL	61	243	301,234.32	1239.65	.225	4938.27	279.18
HSC HOSPITALS	60	234	297,034.00	1269.38	.217	4950.57	275.29
NON-HSC HOSPITAL TOTAL	2	9	3,324.32	369.37	.008	1662.16	3.08
ACCOMMODATIONS	2	9	1,848.10	205.34	.008	924.05	1.71

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	9	1,848.10	205.34	.008	924.05	1.71
ANCILLARIES	2	0	1,476.22	.00	.000	738.11	1.37
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	406	6,888	364,980.77	52.99	6.384	898.97	338.26
MEDICAL	91	178	8,457.81	47.52	.165	92.94	7.84
SURGERY	46	58	2,911.78	50.20	.054	63.30	2.70
PATHOLOGY	216	1,692	11,508.76	6.80	1.568	53.28	10.67
RADIOLOGY	124	447	42,002.47	93.97	.414	338.73	38.93
ROOM USE	270	585	24,366.67	41.65	.542	90.25	22.58
CROSSOVERS/ALL OTH OUTPTNT	160	3,928	275,733.28	70.20	3.640	1723.33	255.55
@COUNTY HOSPITAL TOTAL	14	161	\$ 8,515.57	\$ 52.89	.149	\$ 608.26	\$ 7.89
CO HOSPITAL INPATIENT TOTAL	1	4	4,400.00	1100.00	.004	4400.00	4.08
HSC HOSPITALS	1	4	4,400.00	1100.00	.004	4400.00	4.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	157	4,115.57	26.21	.146	316.58	3.81
MEDICAL	7	23	911.44	39.63	.021	130.21	.84
SURGERY	1	1	126.12	126.12	.001	126.12	.12
PATHOLOGY	8	33	372.47	11.29	.031	46.56	.35
RADIOLOGY	4	6	406.55	67.76	.006	101.64	.38
ROOM USE	11	23	1,046.23	45.49	.021	95.11	.97
CROSSOVERS/ALL OTH OUTPTNT	9	71	1,252.76	17.64	.066	139.20	1.16

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,827
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

					----- MONTHLY AVERAGE -----			
1,079 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	434	6,970	\$ 657,699.52	\$ 94.36	6.460	\$ 1515.44	\$ 609.55	
COMM HOSP INPATIENT TOTAL	60	239	296,834.32	1241.98	.222	4947.24	275.10	
HSC HOSPITALS	59	230	292,634.00	1272.32	.213	4959.90	271.21	
NON-HSC HOSPITALS TOTAL	2	9	3,324.32	369.37	.008	1662.16	3.08	
ACCOMMODATIONS	2	9	1,848.10	205.34	.008	924.05	1.71	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2	9	1,848.10	205.34	.008	924.05	1.71	
ANCILLARIES	2	0	1,476.22	.00	.000	738.11	1.37	
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.81	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	397	6,731	360,865.20	53.61	6.238	908.98	334.44	
MEDICAL	85	155	7,546.37	48.69	.144	88.78	6.99	
SURGERY	45	57	2,785.66	48.87	.053	61.90	2.58	
PATHOLOGY	210	1,659	11,136.29	6.71	1.538	53.03	10.32	
RADIOLOGY	121	441	41,595.92	94.32	.409	343.77	38.55	
ROOM USE	260	562	23,320.44	41.50	.521	89.69	21.61	
CROSSOVERS/ALL OTH OUTPTNT	151	3,857	274,480.52	71.16	3.575	1817.75	254.38	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	6	\$	1,895.64	\$ 315.94	.006	\$ 947.82	\$ 1.76
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	6		1,895.64	315.94	.006	947.82	1.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	17	\$	371.81	\$ 21.87	.016	\$ 123.94	\$.34
HOSPITAL BASED	3	17		371.81	21.87	.016	123.94	.34
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	259	927	\$	14,003.54	\$ 15.11	.859	\$ 54.07	\$ 12.98
PATHOLOGY	259	927		14,003.54	15.11	.859	54.07	12.98
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	50	121	\$	7,031.11	\$ 58.11	.112	\$ 140.62	\$ 6.52
CLINIC	28	53		1,869.84	35.28	.049	66.78	1.73
SURGICENTER	5	41		1,124.47	27.43	.038	224.89	1.04
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	18	27		4,036.80	149.51	.025	224.27	3.74

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,828
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

	1,079 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	83	269	\$	16,337.88	\$ 60.74	.249	\$ 196.84	\$ 15.14
DURABLE MED. EQUIP.	10	13		1,375.53	105.81	.012	137.55	1.27
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	79		1,820.87	23.05	.073	86.71	1.69
AMBULANCES/AIR TRANS	21	79		1,820.87	23.05	.073	86.71	1.69
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	8	18		324.39	18.02	.017	40.55	.30
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	16	42		517.15	12.31	.039	32.32	.48
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	24	60		5,187.46	86.46	.056	216.14	4.81
PROSTHETICS	24	60		5,187.46	86.46	.056	216.14	4.81
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	3	52		7,079.28	136.14	.048	2359.76	6.56
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	5	33.20	6.64	.005	6.64	.03
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	23	278	\$ 5,952.54	\$ 21.41	.258	\$ 258.81	\$ 5.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,829
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY	AID CODE 80

1,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	57	111	\$ 8,203.61	\$ 73.91	.089	\$ 143.92	\$ 6.60
@PHYSICIANS SERVICES	27	38	\$ 593.46	\$ 15.62	.031	\$ 21.98	\$.48
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	27	38		593.46	15.62	.031	21.98	.48
@PHARMACY	4	14	\$	605.35	\$ 43.24	.011	\$ 151.34	\$.49
PRESCRIPTION DRUGS	0	2		41.62CR	20.81CR	.002	.00	.03CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	2		41.62CR	20.81CR	.002	.00	.03CR
MEDICAL SUPPLIES	4	12		646.97	53.91	.010	161.74	.52
@DENTIST	4	5	\$	.00	\$.00	.004	\$.00	\$.00
VISITS - DIAGNOSTIC	3	4		.00	.00	.003	.00	.00
ORAL SURGERY	1	1		.00	.00	.001	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,830
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

1,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	3	3	\$ 47.22	\$ 15.74	.002	\$ 15.74	\$.04	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	3	3	47.22	15.74	.002	15.74	.04	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	4	19	\$	164.59	\$	8.66	.015	\$	41.15	\$	.13
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	19		164.59		8.66	.015		41.15		.13
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	19		164.59		8.66	.015		41.15		.13
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,831
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

1,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	19	\$ 164.59	\$ 8.66	.015	\$ 41.15	\$.13
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	19	164.59	8.66	.015	41.15	.13
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	19	164.59	8.66	.015	41.15	.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6	0	\$ 6,369.74	\$.00	.000	\$ 1061.62	\$ 5.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6	0	6,369.74	.00	.000	1061.62	5.12
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,832
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

1,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	17	32	\$ 423.25	\$ 13.23	.026 \$ 24.90 \$.34
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	1	2	39.80	19.90	.002 39.80 .03

PROSTHETICS	1	2	39.80	19.90	.002	39.80	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	30	383.45	12.78	.024	23.97	.31
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	53	104	\$ 8,245.23	\$ 79.28	.084	\$ 155.57	\$ 6.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 10,833

MPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	8,280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,976	8,291	\$	664,058.41	\$ 80.09	1.001	\$ 336.06	\$ 80.20
@PHYSICIANS SERVICES	884	2,559	\$	102,712.26	\$ 40.14	.309	\$ 116.19	\$ 12.40
OUTPATIENT VISITS	706	904		34,480.34	38.14	.109	48.84	4.16
OFFICE VISITS	503	660		23,607.04	35.77	.080	46.93	2.85
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	162	173		8,668.81	50.11	.021	53.51	1.05
PREVENTIVE CARE	4	4		159.30	39.83	.000	39.83	.02
OB VISITS/COMPRE PERI	2	2		120.96	60.48	.000	60.48	.01
OTHER OUTPATIENT	54	65		1,924.23	29.60	.008	35.63	.23
INPATIENT VISITS	42	166		14,691.23	88.50	.020	349.79	1.77
HOSPITAL VISITS	37	146		10,575.03	72.43	.018	285.81	1.28
CRITICAL CARE	8	20		4,116.20	205.81	.002	514.53	.50
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	6		235.29	39.22	.001	58.82	.03
EXAMINATIONS	4	6		235.29	39.22	.001	58.82	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	28	116		8,219.87	70.86	.014	293.57	.99
PRINCIPAL SURGEON	11	13		3,857.91	296.76	.002	350.72	.47
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	17	103		4,361.96	42.35	.012	256.59	.53
OUTPATIENT SURGERY	67	108		10,024.99	92.82	.013	149.63	1.21
PRINCIPAL SURGEON	54	61		7,971.14	130.67	.007	147.61	.96
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	14	47		2,053.85	43.70	.006	146.70	.25
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	87	323		8,528.88	26.41	.039	98.03	1.03
RADIOLOGY	111	189		7,620.26	40.32	.023	68.65	.92
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	34	463		3,288.28	7.10	.056	96.71	.40
OTHER SERVICES/ALL X-OVERS	103	284		15,623.12	55.01	.034	151.68	1.89
@PHARMACY	512	1,433	\$	285,580.00	\$ 199.29	.173	\$ 557.77	\$ 34.49
PRESCRIPTION DRUGS	504	906		52,279.86	57.70	.109	103.73	6.31
SNF/ICF	6	10		751.24	75.12	.001	125.21	.09
OUTPATIENTS	502	896		51,528.62	57.51	.108	102.65	6.22

MEDICAL SUPPLIES	41	527		233,300.14		442.69	.064	5690.25	28.18
@DENTIST	120	726	\$	14,877.00	\$	20.49	.088	\$ 123.98	\$ 1.80
VISITS - DIAGNOSTIC	95	433		5,165.00		11.93	.052	54.37	.62
ORAL SURGERY	14	43		1,452.00		33.77	.005	103.71	.18
DRUGS	8	10		125.00		12.50	.001	15.63	.02
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	19	51		2,201.00		43.16	.006	115.84	.27
RESTORATIVE DENTISTRY	45	158		5,814.00		36.80	.019	129.20	.70
PROSTHETICS	1	1		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	1		120.00		120.00	.000	.00	.01
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	7	29		.00		.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 10,834
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM								AID CODES 72 74 8N 8P

						----- MONTHLY AVERAGE -----			
8,280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	7	20	\$	385.02	\$ 19.25	.002	\$ 55.00	\$.05	
DIAGNOSTIC AND ANC. PROCED	4	5		170.77	34.15	.001	42.69	.02	
EYE APPLIANCES	5	15		214.25	14.28	.002	42.85	.03	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	.00	.000	\$.00	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$	.00	.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	7	117	\$	3,690.36	\$ 31.54	.014	\$ 527.19	\$.45
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	353	1,216	\$	221,667.90	\$ 182.29	.147	\$ 627.95	\$ 26.77
HOSP INPATIENT TOTAL	41	155		192,816.68	1243.98	.019	4702.85	23.29
HSC HOSPITALS	39	150		186,970.28	1246.47	.018	4794.11	22.58
NON-HSC HOSPITAL TOTAL	2	5		5,846.40	1169.28	.001	2923.20	.71
ACCOMMODATIONS	2	5		5,846.40	1169.28	.001	2923.20	.71
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5		5,846.40	1169.28	.001	2923.20	.71
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	319	1,061		28,851.22	27.19	.128	90.44	3.48
MEDICAL	42	57		2,093.53	36.73	.007	49.85	.25
SURGERY	40	41		1,638.90	39.97	.005	40.97	.20
PATHOLOGY	87	332		2,998.96	9.03	.040	34.47	.36
RADIOLOGY	84	99		4,154.19	41.96	.012	49.45	.50
ROOM USE	259	302		12,121.07	40.14	.036	46.80	1.46
CROSSOVERS/ALL OTH OUTPTNT	117	230		5,844.57	25.41	.028	49.95	.71
@COUNTY HOSPITAL TOTAL	3	6	\$	173.98	\$ 29.00	.001	\$ 57.99	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	6		173.98	29.00	.001	57.99	.02
MEDICAL	1	1		24.80	24.80	.000	24.80	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	3	4		141.98	35.50	.000	47.33	.02
CROSSOVERS/ALL OTH OUTPTNT	1	1		7.20	7.20	.000	7.20	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,835
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

8,280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	350	1,210	\$ 221,493.92	\$ 183.05	.146	\$ 632.84	\$ 26.75
COMM HOSP INPATIENT TOTAL	41	155	192,816.68	1243.98	.019	4702.85	23.29
HSC HOSPITALS	39	150	186,970.28	1246.47	.018	4794.11	22.58
NON-HSC HOSPITALS TOTAL	2	5	5,846.40	1169.28	.001	2923.20	.71
ACCOMMODATIONS	2	5	5,846.40	1169.28	.001	2923.20	.71
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	2	5	5,846.40	1169.28	.001	2923.20	.71
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	316	1,055	28,677.24	27.18	.127	90.75	3.46
MEDICAL	41	56	2,068.73	36.94	.007	50.46	.25
SURGERY	40	41	1,638.90	39.97	.005	40.97	.20
PATHOLOGY	87	332	2,998.96	9.03	.040	34.47	.36
RADIOLOGY	84	99	4,154.19	41.96	.012	49.45	.50
ROOM USE	256	298	11,979.09	40.20	.036	46.79	1.45
CROSSOVERS/ALL OTH OUTPTNT	116	229	5,837.37	25.49	.028	50.32	.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	6	29	\$ 861.98	\$ 29.72	.004	\$ 143.66	\$.10
HOSPITAL BASED	2	4	254.48	63.62	.000	127.24	.03
INDEPENDENT FACILITY	4	25	607.50	24.30	.003	151.88	.07
@LABORATORY FACILITY	125	273	\$ 2,677.67	\$ 9.81	.033	\$ 21.42	\$.32
PATHOLOGY	125	273	2,677.67	9.81	.033	21.42	.32
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	128	217	\$ 6,733.57	\$ 31.03	.026	\$ 52.61	\$.81
CLINIC	95	149	2,366.08	15.88	.018	24.91	.29
SURGICENTER	8	37	1,242.18	33.57	.004	155.27	.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	31	3,125.31	100.82	.004	125.01	.38

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,836
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

8,280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	265	1,701	\$ 24,872.65	\$ 14.62	.205	\$ 93.86	\$ 3.00
DURABLE MED. EQUIP.	16	27	5,922.35	219.35	.003	370.15	.72
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	143	2,556.82	17.88	.017	121.75	.31
AMBULANCES/AIR TRANS	21	143	2,556.82	17.88	.017	121.75	.31
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	28	243.66	8.70	.003	17.40	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	5	85.46	17.09	.001	85.46	.01
SPEECH AND AUDIOLOGY	1	1	2,402.40	2402.40	.000	2402.40	.29
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	209	1,493	13,581.84	9.10	.180	64.98	1.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	4	80.12	20.03	.000	26.71	.01
@CALIF. CHILDREN SERVICES*	228	6,429	\$ 478,988.60	\$ 74.50	.776	\$ 2100.83	\$ 57.85
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,837
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

6,533 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,005	13,000	\$ 290,581.26	\$ 22.35	1.990	\$ 144.93	\$ 44.48
@PHYSICIANS SERVICES	386	866	\$ 38,346.76	\$ 44.28	.133	\$ 99.34	\$ 5.87
OUTPATIENT VISITS	280	335	12,882.48	38.46	.051	46.01	1.97
OFFICE VISITS	183	224	8,196.89	36.59	.034	44.79	1.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	68	72	3,485.40	48.41	.011	51.26	.53
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	118.32	118.32	.000	118.32	.02
OTHER OUTPATIENT	35	38	1,081.87	28.47	.006	30.91	.17
INPATIENT VISITS	10	45	3,415.76	75.91	.007	341.58	.52
HOSPITAL VISITS	10	38	1,962.16	51.64	.006	196.22	.30
CRITICAL CARE	3	7	1,453.60	207.66	.001	484.53	.22
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	94.60	47.30	.000	47.30	.01
EXAMINATIONS	2	2	94.60	47.30	.000	47.30	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	67	9,370.84	139.86	.010	851.89	1.43
PRINCIPAL SURGEON	8	11	6,884.49	625.86	.002	860.56	1.05
ASSISTANT SURGEON	2	3	1,031.51	343.84	.000	515.76	.16
ANESTHESIOLOGIST	6	53	1,454.84	27.45	.008	242.47	.22
OUTPATIENT SURGERY	23	44	3,446.95	78.34	.007	149.87	.53
PRINCIPAL SURGEON	22	25	2,903.93	116.16	.004	132.00	.44
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	19	543.02	28.58	.003	135.76	.08
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	18	56	1,107.78	19.78	.009	61.54	.17
RADIOLOGY	86	122	3,166.70	25.96	.019	36.82	.48
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	2	12		183.10		15.26	.002	91.55	.03
OTHER SERVICES/ALL X-OVERS	47	183		4,678.55		25.57	.028	99.54	.72
@PHARMACY	261	3,161	\$	49,080.46	\$	15.53	.484	188.05	\$ 7.51
PRESCRIPTION DRUGS	246	462		32,754.49		70.90	.071	133.15	5.01
SNF/ICF	2	5		739.42		147.88	.001	369.71	.11
OUTPATIENTS	245	457		32,015.07		70.05	.070	130.67	4.90
MEDICAL SUPPLIES	20	2,699		16,325.97		6.05	.413	816.30	2.50
@DENTIST	217	1,338	\$	34,450.25	\$	25.75	.205	158.76	\$ 5.27
VISITS - DIAGNOSTIC	143	919		11,998.25		13.06	.141	83.90	1.84
ORAL SURGERY	41	77		4,259.00		55.31	.012	103.88	.65
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	26	35		5,269.00		150.54	.005	202.65	.81
RESTORATIVE DENTISTRY	92	266		11,770.00		44.25	.041	127.93	1.80
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	4		219.00		54.75	.001	219.00	.03
SPACE MAINTAINERS	4	6		480.00		80.00	.001	120.00	.07
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	15	15		455.00		30.33	.002	30.33	.07
ALL OTHER SERVICES	8	16		.00		.00	.002	.00	.00
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									
FEE-FOR-SERVICE/DENTAL									
SUMMARY OF SERVICES FOR 100% PROGRAM									
AID CODES 7A 7C 8R 8T									
----- MONTHLY AVERAGE -----									
6,533 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	29	94	\$	2,018.01	\$ 21.47	.014	\$ 69.59	\$.31	
DIAGNOSTIC AND ANC. PROCED	26	31		1,124.11	36.26	.005	43.24	.17	
EYE APPLIANCES	22	63		893.90	14.19	.010	40.63	.14	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	1	1	\$	62.41	\$ 62.41	.000	\$ 62.41	\$.01	
MEDICINE/INJECTIONS	1	1		62.41	62.41	.000	62.41	.01	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	0	0		.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	1	308	\$	9,058.28	\$ 29.41	.047	\$ 9058.28	\$ 1.39	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	2	3	\$	60.58	\$ 20.19	.000	\$ 30.29	\$.01	
@TOTAL HOSPITAL	168	672	\$	88,400.12	\$ 131.55	.103	\$ 526.19	\$ 13.53	
HOSP INPATIENT TOTAL	10	56		71,299.00	1273.20	.009	7129.90	10.91	
HSC HOSPITALS	10	56		71,299.00	1273.20	.009	7129.90	10.91	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	160	616	17,101.12	27.76	.094	106.88	2.62
MEDICAL	21	25	819.01	32.76	.004	39.00	.13
SURGERY	20	23	1,141.06	49.61	.004	57.05	.17
PATHOLOGY	41	216	1,747.94	8.09	.033	42.63	.27
RADIOLOGY	49	66	3,937.31	59.66	.010	80.35	.60
ROOM USE	132	154	6,170.30	40.07	.024	46.74	.94
CROSSOVERS/ALL OTH OUTPTNT	53	132	3,285.50	24.89	.020	61.99	.50
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,839
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						AID CODES 7A 7C 8R 8T
----- MONTHLY AVERAGE -----							
6,533 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	168	672	\$ 88,400.12	\$ 131.55	.103	\$ 526.19	\$ 13.53

COMM HOSP INPATIENT TOTAL	10	56		71,299.00	1273.20	.009	7129.90	10.91
HSC HOSPITALS	10	56		71,299.00	1273.20	.009	7129.90	10.91
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	160	616		17,101.12	27.76	.094	106.88	2.62
MEDICAL	21	25		819.01	32.76	.004	39.00	.13
SURGERY	20	23		1,141.06	49.61	.004	57.05	.17
PATHOLOGY	41	216		1,747.94	8.09	.033	42.63	.27
RADIOLOGY	49	66		3,937.31	59.66	.010	80.35	.60
ROOM USE	132	154		6,170.30	40.07	.024	46.74	.94
CROSSOVERS/ALL OTH OUTPTNT	53	132		3,285.50	24.89	.020	61.99	.50
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	17	77	\$	1,851.26	24.04	.012	108.90	.28
HOSPITAL BASED	4	8		307.57	38.45	.001	76.89	.05
INDEPENDENT FACILITY	13	69		1,543.69	22.37	.011	118.75	.24
@LABORATORY FACILITY	42	130	\$	1,438.98	11.07	.020	34.26	.22
PATHOLOGY	42	130		1,438.98	11.07	.020	34.26	.22
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	40	82	\$	3,254.51	39.69	.013	81.36	.50
CLINIC	31	66		1,412.25	21.40	.010	45.56	.22
SURGICENTER	1	8		274.34	34.29	.001	274.34	.04
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	8		1,567.92	195.99	.001	195.99	.24

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,840
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
6,533 ELIGIBLES							
@ALL OTHER PROVIDERS	1,078	6,268	\$ 62,559.64	\$ 9.98	.959	\$ 58.03	\$ 9.58
DURABLE MED. EQUIP.	2	8	494.49	61.81	.001	247.25	.08
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	99	1,274.95	12.88	.015	127.50	.20

AMBULANCES/AIR TRANS	9	79	1,190.53	15.07	.012	132.28	.18
OTHER TRANS	1	20	84.42	4.22	.003	84.42	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	156	322	2,671.91	8.30	.049	17.13	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	657.43	164.36	.001	328.72	.10
PROSTHETICS	2	4	657.43	164.36	.001	328.72	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	908	5,831	57,428.82	9.85	.893	63.25	8.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	4	32.04	8.01	.001	8.01	.00
@CALIF. CHILDREN SERVICES*	122	3,404	\$ 104,578.68	\$ 30.72	.521	\$ 857.20	\$ 16.01
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,841
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	5,423	26,465	\$ 1,060,335.92	\$ 40.07	2940.556	\$ 195.53	\$117815.10	
@PHYSICIANS SERVICES	2,612	6,055	\$ 440,542.99	\$ 72.76	672.778	\$ 168.66	\$ 48949.22	
OUTPATIENT VISITS	2,004	4,513	338,869.01	75.09	501.444	169.10	37652.11	
OFFICE VISITS	366	378	6,643.36	17.58	42.000	18.15	738.15	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	1,765	4,135	332,225.65	80.34	459.444	188.23	36913.96	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	15	24	463.82	19.33	2.667	30.92	51.54	
PRINCIPAL SURGEON	14	21	351.05	16.72	2.333	25.08	39.01	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	3	112.77	37.59	.333	112.77	12.53	
OUTPATIENT SURGERY	53	64	5,685.09	88.83	7.111	107.27	631.68	
PRINCIPAL SURGEON	44	47	4,840.76	102.99	5.222	110.02	537.86	

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	17		844.33	49.67	1.889	93.81	93.81
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	455	458		2,969.80	6.48	50.889	6.53	329.98
RADIOLOGY	920	987		91,724.45	92.93	109.667	99.70	10191.61
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	5		515.82	103.16	.556	103.16	57.31
OTHER SERVICES/ALL X-OVERS	4	4		315.00	78.75	.444	78.75	35.00
@PHARMACY	608	1,040	\$	18,007.30	\$ 17.31	115.556	\$ 29.62	\$ 2000.81
PRESCRIPTION DRUGS	591	986		13,647.63	13.84	109.556	23.09	1516.40
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	591	986		13,647.63	13.84	109.556	23.09	1516.40
MEDICAL SUPPLIES	24	54		4,359.67	80.73	6.000	181.65	484.41
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,842
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	9	37	\$ 1,281.73	\$ 34.64	4.111	\$ 142.41	\$ 142.41
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	120	278	\$ 11,630.75	\$ 41.84	30.889	\$ 96.92	\$ 1292.31
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	120	278	11,630.75	41.84	30.889	96.92	1292.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	6	6	257.87	42.98	.667	42.98	28.65
PATHOLOGY	79	134	3,343.59	24.95	14.889	42.32	371.51
RADIOLOGY	20	25	1,537.78	61.51	2.778	76.89	170.86
ROOM USE	28	29	973.37	33.56	3.222	34.76	108.15
CROSSOVERS/ALL OTH OUTPTNT	38	84	5,518.14	65.69	9.333	145.21	613.13
@COUNTY HOSPITAL TOTAL	2	9	\$ 380.67	\$ 42.30	1.000	\$ 190.34	\$ 42.30
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	9	380.67	42.30	1.000	190.34	42.30
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	53.15	53.15	.111	53.15	5.91
PATHOLOGY	1	3	163.81	54.60	.333	163.81	18.20
RADIOLOGY	1	1	46.69	46.69	.111	46.69	5.19
ROOM USE	2	3	107.91	35.97	.333	53.96	11.99
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.11	9.11	.111	9.11	1.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,843
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	118	269	\$ 11,250.08	\$ 41.82	29.889	\$ 95.34	\$ 1250.01
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	118	269	11,250.08	41.82	29.889	95.34	1250.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	5	5	204.72	40.94	.556	40.94	22.75
PATHOLOGY	78	131	3,179.78	24.27	14.556	40.77	353.31
RADIOLOGY	19	24	1,491.09	62.13	2.667	78.48	165.68
ROOM USE	26	26	865.46	33.29	2.889	33.29	96.16
CROSSOVERS/ALL OTH OUTPTNT	37	83	5,509.03	66.37	9.222	148.89	612.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2,767	7,703	\$	172,600.10	\$	22.41	855.889	\$	62.38
PATHOLOGY	2,767	7,703		172,600.10		22.41	855.889		62.38
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	1,939	11,067	\$	386,348.05	\$	34.91	1229.667	\$	199.25
CLINIC	1,787	10,836		360,264.31		33.25	1204.000		201.60
SURGICENTER	21	34		737.22		21.68	3.778		35.11
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	131	197		25,346.52		128.66	21.889		193.48

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,844
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

	09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	285	285	\$	29,925.00	\$ 105.00	31.667	\$ 105.00	\$ 3325.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	285	285		29,925.00	105.00	31.667	105.00	3325.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,845
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	179 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	99	1,287	\$	17,870.80	\$ 13.89	7.190	\$ 180.51	\$ 99.84
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.00	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.00	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.00	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.00	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.00	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.00	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.00	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.00	.00	.00
DIALYSIS	0	0		.00		.00	.00	.00	.00
PATHOLOGY	0	0		.00		.00	.00	.00	.00
RADIOLOGY	0	0		.00		.00	.00	.00	.00
PSYCHIATRY	0	0		.00		.00	.00	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.00	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.00	.00	.00
@PHARMACY	29	180	\$	1,943.99	\$	10.80	1.006	\$ 67.03	\$ 10.86
PRESCRIPTION DRUGS	29	179		1,858.73		10.38	1.000	64.09	10.38
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	29	179		1,858.73		10.38	1.000	64.09	10.38
MEDICAL SUPPLIES	1	1		85.26		85.26	.006	85.26	.48
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,846
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	179 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00	.00	.000	.00	.00
EYE APPLIANCES	0		0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0		0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	0		0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0		0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,847
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM	AID CODE 7H

179 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	62	470	\$ 3,450.98	\$ 7.34	2.626	\$ 55.66	\$ 19.28
PATHOLOGY	62	470	3,450.98	7.34	2.626	55.66	19.28
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	22	637	\$ 12,475.83	\$ 19.59	3.559	\$ 567.08	\$ 69.70
CLINIC	21	636	12,225.66	19.22	3.553	582.17	68.30
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	250.17	250.17	.006	250.17	1.40

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,848
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

179 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						----- MONTHLY AVERAGE -----		
2,871 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,215	12,241	\$ 975,945.59	\$ 79.73	4.264	\$ 440.61	\$ 339.93	
@PHYSICIANS SERVICES	931	3,517	\$ 245,769.89	\$ 69.88	1.225	\$ 263.98	\$ 85.60	
OUTPATIENT VISITS	451	1,033	53,733.68	52.02	.360	119.14	18.72	
OFFICE VISITS	80	90	5,379.48	59.77	.031	67.24	1.87	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	46	52	3,334.18	64.12	.018	72.48	1.16	
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.01	
OB VISITS/COMPRE PERI	349	879	44,682.94	50.83	.306	128.03	15.56	
OTHER OUTPATIENT	9	11	302.39	27.49	.004	33.60	.11	
INPATIENT VISITS	106	318	15,503.35	48.75	.111	146.26	5.40	

HOSPITAL VISITS	105	289	12,094.75	41.85	.101	115.19	4.21
CRITICAL CARE	3	29	3,408.60	117.54	.010	1136.20	1.19
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	162	710	105,671.19	148.83	.247	652.29	36.81
PRINCIPAL SURGEON	109	133	88,627.78	666.37	.046	813.10	30.87
ASSISTANT SURGEON	13	13	2,424.50	186.50	.005	186.50	.84
ANESTHESIOLOGIST	74	564	14,618.91	25.92	.196	197.55	5.09
OUTPATIENT SURGERY	155	284	27,795.78	97.87	.099	179.33	9.68
PRINCIPAL SURGEON	142	182	23,400.45	128.57	.063	164.79	8.15
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.06
ANESTHESIOLOGIST	73	101	4,208.83	41.67	.035	57.66	1.47
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	121	215	2,022.48	9.41	.075	16.71	.70
RADIOLOGY	336	418	32,760.85	78.38	.146	97.50	11.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	121	379	4,376.65	11.55	.132	36.17	1.52
OTHER SERVICES/ALL X-OVERS	75	160	3,905.91	24.41	.056	52.08	1.36
@PHARMACY	362	733	\$ 16,468.07	\$ 22.47	.255	\$ 45.49	\$ 5.74
PRESCRIPTION DRUGS	361	717	16,290.62	22.72	.250	45.13	5.67
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	361	717	16,290.62	22.72	.250	45.13	5.67
MEDICAL SUPPLIES	4	16	177.45	11.09	.006	44.36	.06
@DENTIST	1	8	\$ 36.00	\$ 4.50	.003	\$ 36.00	\$.01
VISITS - DIAGNOSTIC	1	8	36.00	4.50	.003	36.00	.01
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,850
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	2,871 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	3	26	\$	490.64	\$ 18.87	.009	\$ 163.55	\$.17
NURSE MIDWIFE	1	3	\$	184.20	\$ 61.40	.001	\$ 184.20	\$.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	483	2,587	\$	522,833.02	\$ 202.10	.901	\$ 1082.47	\$ 182.11
HOSP INPATIENT TOTAL	123	357		480,421.71	1345.72	.124	3905.87	167.34
HSC HOSPITALS	119	349		470,322.52	1347.63	.122	3952.29	163.82
NON-HSC HOSPITAL TOTAL	4	8		10,099.19	1262.40	.003	2524.80	3.52
ACCOMMODATIONS	4	8		3,264.40	408.05	.003	816.10	1.14
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	8		3,264.40	408.05	.003	816.10	1.14
ANCILLARIES	4	0		6,834.79	.00	.000	1708.70	2.38
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	428	2,230		42,411.31	19.02	.777	99.09	14.77
MEDICAL	25	27		1,243.02	46.04	.009	49.72	.43
SURGERY	51	79		2,303.24	29.15	.028	45.16	.80
PATHOLOGY	192	743		10,169.33	13.69	.259	52.97	3.54
RADIOLOGY	61	70		5,278.68	75.41	.024	86.54	1.84
ROOM USE	190	268		11,193.70	41.77	.093	58.91	3.90
CROSSOVERS/ALL OTH OUTPTNT	244	1,043		12,223.34	11.72	.363	50.10	4.26
@COUNTY HOSPITAL TOTAL	27	217	\$	6,453.36	\$ 29.74	.076	\$ 239.01	\$ 2.25
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	27	217		6,453.36	29.74	.076	239.01	2.25
MEDICAL	1	1		128.57	128.57	.000	128.57	.04
SURGERY	16	25		767.75	30.71	.009	47.98	.27
PATHOLOGY	15	82		1,640.52	20.01	.029	109.37	.57
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	15	50		3,147.38	62.95	.017	209.83	1.10
CROSSOVERS/ALL OTH OUTPTNT	21	59		769.14	13.04	.021	36.63	.27

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,851
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	2,871 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	457	2,370	\$	516,379.66	\$ 217.88	.825	\$ 1129.93	\$ 179.86
COMM HOSP INPATIENT TOTAL	123	357		480,421.71	1345.72	.124	3905.87	167.34
HSC HOSPITALS	119	349		470,322.52	1347.63	.122	3952.29	163.82
NON-HSC HOSPITALS TOTAL	4	8		10,099.19	1262.40	.003	2524.80	3.52
ACCOMMODATIONS	4	8		3,264.40	408.05	.003	816.10	1.14
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	4	8	3,264.40	408.05	.003	816.10	1.14
ANCILLARIES	4	0	6,834.79	.00	.000	1708.70	2.38
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	401	2,013	35,957.95	17.86	.701	89.67	12.52
MEDICAL	24	26	1,114.45	42.86	.009	46.44	.39
SURGERY	35	54	1,535.49	28.44	.019	43.87	.53
PATHOLOGY	177	661	8,528.81	12.90	.230	48.19	2.97
RADIOLOGY	61	70	5,278.68	75.41	.024	86.54	1.84
ROOM USE	175	218	8,046.32	36.91	.076	45.98	2.80
CROSSOVERS/ALL OTH OUTPTNT	223	984	11,454.20	11.64	.343	51.36	3.99
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	568	1,484	\$ 20,988.79	\$ 14.14	.517	\$ 36.95	\$ 7.31
PATHOLOGY	568	1,484	20,988.79	14.14	.517	36.95	7.31
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	805	3,778	\$ 158,738.52	\$ 42.02	1.316	\$ 197.19	\$ 55.29
CLINIC	768	3,634	149,246.78	41.07	1.266	194.33	51.98
SURGICENTER	15	98	2,615.17	26.69	.034	174.34	.91
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	22	46	6,876.57	149.49	.016	312.57	2.40

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,852
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	2,871 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	83	105	\$	10,436.46	\$ 99.39	.037	\$ 125.74	\$ 3.64
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	27		2,267.76	83.99	.009	323.97	.79
AMBULANCES/AIR TRANS	6	26		467.76	17.99	.009	77.96	.16
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.63
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	75	77		8,085.00	105.00	.027	107.80	2.82

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	83.70	83.70	.000	83.70	.03
PROSTHETICS	1	1	83.70	83.70	.000	83.70	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	10	\$ 271.40	\$ 27.14	.003	\$ 271.40	\$.09
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,853
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38	

10,205 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,168	40,241	\$ 1,838,527.21	\$ 45.69	3.943	\$ 225.09	\$ 180.16
@PHYSICIANS SERVICES	1,685	4,760	\$ 291,047.97	\$ 61.14	.466	\$ 172.73	\$ 28.52
OUTPATIENT VISITS	1,169	1,452	60,303.85	41.53	.142	51.59	5.91
OFFICE VISITS	693	816	29,803.54	36.52	.080	43.01	2.92
HOME VISITS	2	2	67.49	33.75	.000	33.75	.01
EMERGENCY ROOM	302	334	18,208.14	54.52	.033	60.29	1.78
PREVENTIVE CARE	1	1	40.20	40.20	.000	40.20	.00
OB VISITS/COMPRE PERI	75	164	8,318.36	50.72	.016	110.91	.82
OTHER OUTPATIENT	127	135	3,866.12	28.64	.013	30.44	.38
INPATIENT VISITS	117	675	73,158.40	108.38	.066	625.29	7.17
HOSPITAL VISITS	93	386	21,835.47	56.57	.038	234.79	2.14
CRITICAL CARE	34	276	50,915.33	184.48	.027	1497.51	4.99
SNF/ICF/TRANS IP CARE	2	13	407.60	31.35	.001	203.80	.04
OPHTHALMOLOGICAL SERVICES	19	27	1,299.55	48.13	.003	68.40	.13
EXAMINATIONS	17	24	1,184.55	49.36	.002	69.68	.12
SERVICES AND MATERIALS	3	3	115.00	38.33	.000	38.33	.01
INPATIENT HOSPITAL SURGERY	81	404	61,660.73	152.63	.040	761.24	6.04
PRINCIPAL SURGEON	57	80	46,543.21	581.79	.008	816.55	4.56
ASSISTANT SURGEON	10	10	4,569.59	456.96	.001	456.96	.45
ANESTHESIOLOGIST	33	314	10,547.93	33.59	.031	319.63	1.03
OUTPATIENT SURGERY	107	288	22,960.21	79.72	.028	214.58	2.25
PRINCIPAL SURGEON	87	106	17,578.32	165.83	.010	202.05	1.72
ASSISTANT SURGEON	1	1	67.39	67.39	.000	67.39	.01
ANESTHESIOLOGIST	32	181	5,314.50	29.36	.018	166.08	.52
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	170	373	6,160.58	16.52	.037	36.24	.60
RADIOLOGY	355	621	30,572.05	49.23	.061	86.12	3.00
PSYCHIATRY	2	2	175.68	87.84	.000	87.84	.02

IMMUNIZATION AND INJECTION	43	221		5,740.73		25.98	.022	133.51	.56
OTHER SERVICES/ALL X-OVERS	227	697		29,016.19		41.63	.068	127.82	2.84
@PHARMACY	1,819	5,863	\$	262,311.11	\$	44.74	.575	144.21	\$ 25.70
PRESCRIPTION DRUGS	1,802	3,961		256,788.83		64.83	.388	142.50	25.16
SNF/ICF	4	12		2,220.57		185.05	.001	555.14	.22
OUTPATIENTS	1,799	3,949		254,568.26		64.46	.387	141.51	24.95
MEDICAL SUPPLIES	59	1,902		5,522.28		2.90	.186	93.60	.54
@DENTIST	478	2,864	\$	80,330.26	\$	28.05	.281	168.05	\$ 7.87
VISITS - DIAGNOSTIC	343	1,875		20,435.98		10.90	.184	59.58	2.00
ORAL SURGERY	77	173		7,210.00		41.68	.017	93.64	.71
DRUGS	5	4		100.00		25.00	.000	20.00	.01
ANESTHESIA	1	1		.00		.00	.000	.00	.00
PERIODONTICS	9	10		1,024.00		102.40	.001	113.78	.10
ENDODONTICS	57	120		16,547.50		137.90	.012	290.31	1.62
RESTORATIVE DENTISTRY	186	580		30,987.50		53.43	.057	166.60	3.04
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	5	23		2,418.00		105.13	.002	483.60	.24
SPACE MAINTAINERS	3	6		480.00		80.00	.001	160.00	.05
MAXILLOFACIAL SERVICES	3	3		392.28		130.76	.000	130.76	.04
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	19	20		735.00		36.75	.002	38.68	.07
ALL OTHER SERVICES	21	49		.00		.00	.005	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 10,854
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES								
	AID CODE 38								
	----- MONTHLY AVERAGE -----								
10,205 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	70	195	\$	4,337.07	\$ 22.24	.019	\$ 61.96	\$.42	
DIAGNOSTIC AND ANC. PROCED	56	61		2,438.40	39.97	.006	43.54	.24	
EYE APPLIANCES	45	133		1,887.26	14.19	.013	41.94	.18	
OTHER OPTOMETRIC SERVICES	1	1		11.41	11.41	.000	11.41	.00	

@CHIROPRACTOR	2	2	\$	33.44	\$	16.72	.000	\$	16.72	\$	.00
VISITS	2	2		33.44		16.72	.000		16.72		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	8	\$	179.50	\$	22.44	.001	\$	59.83	\$	.02
MEDICINE/INJECTIONS	2	4		129.20		32.30	.000		64.60		.01
SURGERY/ANES.	2	3		33.00		11.00	.000		16.50		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	17	63	\$	3,922.31	\$	62.26	.006	\$	230.72	\$	.38
NURSE ANESTHESIST	2	14	\$	176.65	\$	12.62	.001	\$	88.33	\$	.02
NURSE MIDWIFE	4	16	\$	325.96	\$	20.37	.002	\$	81.49	\$	.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	6	\$	72.02	\$	12.00	.001	\$	18.01	\$	.01
@TOTAL HOSPITAL	901	3,711	\$	936,216.96	\$	252.28	.364	\$	1039.09	\$	91.74
HOSP INPATIENT TOTAL	99	568		851,873.46		1499.78	.056		8604.78		83.48
HSC HOSPITALS	89	491		708,558.31		1443.09	.048		7961.33		69.43
NON-HSC HOSPITAL TOTAL	10	77		143,315.15		1861.24	.008		14331.52		14.04
ACCOMMODATIONS	10	77		49,765.42		646.30	.008		4976.54		4.88
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	77		49,765.42		646.30	.008		4976.54		4.88
ANCILLARIES	10	0		93,549.73		.00	.000		9354.97		9.17
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	825	3,143		84,343.50		26.84	.308		102.23		8.26
MEDICAL	143	201		8,518.91		42.38	.020		59.57		.83
SURGERY	60	67		2,726.55		40.69	.007		45.44		.27
PATHOLOGY	224	1,154		10,287.07		8.91	.113		45.92		1.01
RADIOLOGY	174	252		17,676.06		70.14	.025		101.59		1.73
ROOM USE	517	644		24,581.62		38.17	.063		47.55		2.41
CROSSOVERS/ALL OTH OUTPTNT	367	825		20,553.29		24.91	.081		56.00		2.01
@COUNTY HOSPITAL TOTAL	33	130	\$	3,338.27	\$	25.68	.013	\$	101.16	\$	.33
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	33	130		3,338.27		25.68	.013		101.16		.33
MEDICAL	18	26		748.89		28.80	.003		41.61		.07
SURGERY	2	4		129.72		32.43	.000		64.86		.01
PATHOLOGY	8	51		635.14		12.45	.005		79.39		.06
RADIOLOGY	6	7		245.69		35.10	.001		40.95		.02
ROOM USE	27	33		1,268.26		38.43	.003		46.97		.12
CROSSOVERS/ALL OTH OUTPTNT	9	9		310.57		34.51	.001		34.51		.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,855
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	10,205 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		871	3,581	\$ 932,878.69	\$ 260.51	.351	\$ 1071.04	\$ 91.41

COMM HOSP INPATIENT TOTAL	99	568		851,873.46	1499.78	.056	8604.78	83.48
HSC HOSPITALS	89	491		708,558.31	1443.09	.048	7961.33	69.43
NON-HSC HOSPITALS TOTAL	10	77		143,315.15	1861.24	.008	14331.52	14.04
ACCOMMODATIONS	10	77		49,765.42	646.30	.008	4976.54	4.88
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	77		49,765.42	646.30	.008	4976.54	4.88
ANCILLARIES	10	0		93,549.73	.00	.000	9354.97	9.17
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	795	3,013		81,005.23	26.89	.295	101.89	7.94
MEDICAL	125	175		7,770.02	44.40	.017	62.16	.76
SURGERY	58	63		2,596.83	41.22	.006	44.77	.25
PATHOLOGY	216	1,103		9,651.93	8.75	.108	44.68	.95
RADIOLOGY	168	245		17,430.37	71.14	.024	103.75	1.71
ROOM USE	493	611		23,313.36	38.16	.060	47.29	2.28
CROSSOVERS/ALL OTH OUTPTNT	359	816		20,242.72	24.81	.080	56.39	1.98
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	17	38	\$	1,317.99	\$ 34.68	.004	\$ 77.53	\$.13
HOSPITAL BASED	12	31		1,170.34	37.75	.003	97.53	.11
INDEPENDENT FACILITY	5	7		147.65	21.09	.001	29.53	.01
@LABORATORY FACILITY	256	792	\$	10,725.47	\$ 13.54	.078	\$ 41.90	\$ 1.05
PATHOLOGY	256	792		10,725.47	13.54	.078	41.90	1.05
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	446	959	\$	50,387.17	\$ 52.54	.094	\$ 112.98	\$ 4.94
CLINIC	209	591		14,832.89	25.10	.058	70.97	1.45
SURGICENTER	11	52		1,257.83	24.19	.005	114.35	.12
HEROIN DETOX CLINIC	3	23		229.60	9.98	.002	76.53	.02
RURAL HEALTH CLINIC	224	293		34,066.85	116.27	.029	152.08	3.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,856
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38							

----- MONTHLY AVERAGE -----								
10,205 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,781	20,950	\$ 197,143.33	\$ 9.41	2.053	\$ 52.14	\$ 19.32	
DURABLE MED. EQUIP.	33	117	3,789.89	32.39	.011	114.85	.37	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	82	579	9,997.49	17.27	.057	121.92	.98	

AMBULANCES/AIR TRANS	81	567	9,935.52	17.52	.056	122.66	.97
OTHER TRANS	1	10	42.21	4.22	.001	42.21	.00
OTHER SERVICES	2	2	19.76	9.88	.000	9.88	.00
ACUPUNCTURE	4	11	189.23	17.20	.001	47.31	.02
ADULT DAY HEALTH CARE CTR	3	40	2,783.20	69.58	.004	927.73	.27
GENETIC DISEASE TESTING	82	82	8,610.00	105.00	.008	105.00	.84
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	702	1,491	13,093.21	8.78	.146	18.65	1.28
PHYSICAL THERAPIST	3	22	294.22	13.37	.002	98.07	.03
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	137.68	45.89	.000	68.84	.01
PROSTHETICS	2	3	137.68	45.89	.000	68.84	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	5	23	1,016.10	44.18	.002	203.22	.10
SPEECH AND AUDIOLOGY	5	74	4,021.23	54.34	.007	804.25	.39
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,106.68	1106.68	.000	1106.68	.11
LOCAL EDUCATION AGENCIES	2,855	15,091	150,928.82	10.00	1.479	52.86	14.79
EPSDT SUPPLEMENTAL SERVICE	1	8	117.64	14.71	.001	117.64	.01
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	3,408	1,057.94	.31	.334	105.79	.10
@CALIF. CHILDREN SERVICES*	438	7,862	\$ 729,984.68	\$ 92.85	.770	\$ 1666.63	\$ 71.53
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 46.45	\$ 46.45	.000	\$ 46.45	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,857
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

3,421 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,637	16,867	\$ 655,191.99	\$ 38.84	4.930	\$ 400.24	\$ 191.52
@PHYSICIANS SERVICES	626	1,446	\$ 66,617.13	\$ 46.07	.423	\$ 106.42	\$ 19.47
OUTPATIENT VISITS	465	590	22,769.82	38.59	.172	48.97	6.66
OFFICE VISITS	316	396	12,620.49	31.87	.116	39.94	3.69
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	135	150	8,816.25	58.78	.044	65.31	2.58
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	25.26	.00	.000	.00	.01
OTHER OUTPATIENT	40	44	1,307.82	29.72	.013	32.70	.38
INPATIENT VISITS	24	69	4,069.88	58.98	.020	169.58	1.19
HOSPITAL VISITS	18	56	2,751.00	49.13	.016	152.83	.80
CRITICAL CARE	2	5	991.78	198.36	.001	495.89	.29
SNF/ICF/TRANS IP CARE	6	8	327.10	40.89	.002	54.52	.10
OPHTHALMOLOGICAL SERVICES	7	7	202.85	28.98	.002	28.98	.06
EXAMINATIONS	6	6	182.85	30.48	.002	30.48	.05
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.01
INPATIENT HOSPITAL SURGERY	7	27	3,197.50	118.43	.008	456.79	.93
PRINCIPAL SURGEON	3	3	2,464.91	821.64	.001	821.64	.72
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	24	732.59	30.52	.007	146.52	.21
OUTPATIENT SURGERY	40	108	9,562.91	88.55	.032	239.07	2.80
PRINCIPAL SURGEON	38	49	8,093.81	165.18	.014	213.00	2.37

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	59	1,469.10	24.90	.017	183.64	.43
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	48	73	1,344.73	18.42	.021	28.02	.39
RADIOLOGY	158	290	13,487.49	46.51	.085	85.36	3.94
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	14	214.07	15.29	.004	23.79	.06
OTHER SERVICES/ALL X-OVERS	125	268	11,767.88	43.91	.078	94.14	3.44
@PHARMACY	1,090	6,870	\$ 339,764.29	\$ 49.46	2.008	\$ 311.71	\$ 99.32
PRESCRIPTION DRUGS	1,080	3,649	333,329.79	91.35	1.067	308.64	97.44
SNF/ICF	20	73	16,764.75	229.65	.021	838.24	4.90
OUTPATIENTS	1,064	3,576	316,565.04	88.52	1.045	297.52	92.54
MEDICAL SUPPLIES	61	3,221	6,434.50	2.00	.942	105.48	1.88
@DENTIST	150	686	\$ 24,620.20	\$ 35.89	.201	\$ 164.13	\$ 7.20
VISITS - DIAGNOSTIC	111	476	6,362.20	13.37	.139	57.32	1.86
ORAL SURGERY	29	38	2,726.00	71.74	.011	94.00	.80
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	7	7	763.00	109.00	.002	109.00	.22
ENDODONTICS	18	25	5,351.00	214.04	.007	297.28	1.56
RESTORATIVE DENTISTRY	50	114	6,775.00	59.43	.033	135.50	1.98
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	24	2,608.00	108.67	.007	434.67	.76
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	35.00	17.50	.001	17.50	.01
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,858
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

3,421 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	36			110	\$	2,269.69	\$	20.63		.032	\$	63.05	\$	.66	
DIAGNOSTIC AND ANC. PROCED	21			22		924.36		42.02		.006		44.02		.27	
EYE APPLIANCES	28			88		1,345.33		15.29		.026		48.05		.39	
OTHER OPTOMETRIC SERVICES	0			0		.00		.00		.000		.00		.00	
@CHIROPRACTOR	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
VISITS	0			0		.00		.00		.000		.00		.00	
OTHER SERVICES	0			0		.00		.00		.000		.00		.00	
@PODIATRIST	3			3	\$	105.20	\$	35.07		.001	\$	35.07	\$	.03	
MEDICINE/INJECTIONS	3			3		105.20		35.07		.001		35.07		.03	
SURGERY/ANES.	0			0		.00		.00		.000		.00		.00	
RADIO./PATHOLOGY	0			0		.00		.00		.000		.00		.00	
OTHER	0			0		.00		.00		.000		.00		.00	
@HOME HEALTH AGENCY	2			4	\$	236.65	\$	59.16		.001	\$	118.33	\$	.07	
NURSE ANESTHESIST	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
NURSE MIDWIFE	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
FAMILY NURSE PRACTITIONER	6			13	\$	302.83	\$	23.29		.004	\$	50.47	\$	.09	
@TOTAL HOSPITAL	312			1,697	\$	136,254.60	\$	80.29		.496	\$	436.71	\$	39.83	
HOSP INPATIENT TOTAL	24			76		96,854.52		1274.40		.022		4035.61		28.31	
HSC HOSPITALS	19			75		93,091.00		1241.21		.022		4899.53		27.21	
NON-HSC HOSPITAL TOTAL	1			1		385.52		385.52		.000		385.52		.11	
ACCOMMODATIONS	1			1		231.30		231.30		.000		231.30		.07	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	231.30	231.30	.000	231.30	.07
ANCILLARIES	1	0	154.22	.00	.000	154.22	.05
INPATIENT CROSSOVERS	5	0	3,378.00	.00	.000	675.60	.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	295	1,621	39,400.08	24.31	.474	133.56	11.52
MEDICAL	91	127	4,576.42	36.03	.037	50.29	1.34
SURGERY	22	24	1,094.53	45.61	.007	49.75	.32
PATHOLOGY	133	789	7,047.24	8.93	.231	52.99	2.06
RADIOLOGY	91	157	12,396.45	78.96	.046	136.22	3.62
ROOM USE	201	253	9,501.24	37.55	.074	47.27	2.78
CROSSOVERS/ALL OTH OUTPTNT	115	271	4,784.20	17.65	.079	41.60	1.40
@COUNTY HOSPITAL TOTAL	7	25	\$ 598.89	\$ 23.96	.007	\$ 85.56	\$.18
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	25	598.89	23.96	.007	85.56	.18
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	8	67.98	8.50	.002	33.99	.02
RADIOLOGY	2	3	72.83	24.28	.001	36.42	.02
ROOM USE	6	8	279.20	34.90	.002	46.53	.08
CROSSOVERS/ALL OTH OUTPTNT	6	6	178.88	29.81	.002	29.81	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,859

3,421 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	306	1,672	\$ 135,655.71	\$ 81.13	.489	\$ 443.32	\$ 39.65
COMM HOSP INPATIENT TOTAL	24	76	96,854.52	1274.40	.022	4035.61	28.31
HSC HOSPITALS	19	75	93,091.00	1241.21	.022	4899.53	27.21
NON-HSC HOSPITALS TOTAL	1	1	385.52	385.52	.000	385.52	.11
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30	.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	231.30	231.30	.000	231.30	.07
ANCILLARIES	1	0	154.22	.00	.000	154.22	.05
INPATIENT CROSSOVERS	5	0	3,378.00	.00	.000	675.60	.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	289	1,596	38,801.19	24.31	.467	134.26	11.34
MEDICAL	91	127	4,576.42	36.03	.037	50.29	1.34
SURGERY	22	24	1,094.53	45.61	.007	49.75	.32
PATHOLOGY	131	781	6,979.26	8.94	.228	53.28	2.04
RADIOLOGY	89	154	12,323.62	80.02	.045	138.47	3.60
ROOM USE	195	245	9,222.04	37.64	.072	47.29	2.70
CROSSOVERS/ALL OTH OUTPTNT	110	265	4,605.32	17.38	.077	41.87	1.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	352	\$ 49,047.68	\$ 139.34	.103	\$ 4087.31	\$ 14.34
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	352	49,047.68	139.34	.103	4087.31	14.34
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	7	25	\$ 666.50	\$ 26.66	.007	\$ 95.21	\$.19
HOSPITAL BASED	6	24	631.66	26.32	.007	105.28	.18
INDEPENDENT FACILITY	1	1	34.84	34.84	.000	34.84	.01
@LABORATORY FACILITY	107	460	\$ 5,051.18	\$ 10.98	.134	\$ 47.21	\$ 1.48
PATHOLOGY	107	460	5,051.18	10.98	.134	47.21	1.48
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	92	213	\$ 9,471.65	\$ 44.47	.062	\$ 102.95	\$ 2.77
CLINIC	61	144	3,154.23	21.90	.042	51.71	.92
SURGICENTER	2	9	271.07	30.12	.003	135.54	.08
HEROIN DETOX CLINIC	1	14	97.55	6.97	.004	97.55	.03
RURAL HEALTH CLINIC	28	46	5,948.80	129.32	.013	212.46	1.74

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

PAGE 10,860 03/14/05

3,421 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

MONTHLY AVERAGE
UNITS/DAYS

COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	180	4,988	\$	20,784.39	\$ 4.17	1.458	\$ 115.47	\$ 6.08
DURABLE MED. EQUIP.	9	74		8,399.84	113.51	.022	933.32	2.46
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	50	332		5,476.34	16.50	.097	109.53	1.60
AMBULANCES/AIR TRANS	48	322		5,454.14	16.94	.094	113.63	1.59
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	10		22.20	2.22	.003	11.10	.01
ACUPUNCTURE	4	8		151.38	18.92	.002	37.85	.04
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2		210.00	105.00	.001	105.00	.06
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	40	104		1,043.17	10.03	.030	26.08	.30
PHYSICAL THERAPIST	2	17		259.24	15.25	.005	129.62	.08
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	3		188.72	62.91	.001	62.91	.06
PROSTHETICS	3	3		188.72	62.91	.001	62.91	.06
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2		88.99	44.50	.001	88.99	.03
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	56	415		4,328.73	10.43	.121	77.30	1.27
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	15	4,031		637.98	.16	1.178	42.53	.19
@CALIF. CHILDREN SERVICES*	75	473	\$	79,726.82	\$ 168.56	.138	\$ 1063.02	\$ 23.31
@XOVER EXCLUDING STATE HOSP**	37	291	\$	5,983.62	\$ 20.56	.085	\$ 161.72	\$ 1.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,861
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

1,730 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,091	41,260	\$ 953,657.99	\$ 23.11	23.850	\$ 874.11	\$ 551.25
@PHYSICIANS SERVICES	145	362	\$ 5,237.19	\$ 14.47	.209	\$ 36.12	\$ 3.03
OUTPATIENT VISITS	13	16	370.70	23.17	.009	28.52	.21
OFFICE VISITS	13	16	370.70	23.17	.009	28.52	.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	6		28.93	4.82	.003	9.64	.02
RADIOLOGY	2	3		99.08	33.03	.002	49.54	.06
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	132	337		4,738.48	14.06	.195	35.90	2.74
@PHARMACY	750	17,704	\$	178,376.00	\$ 10.08	10.234	\$ 237.83	\$ 103.11
PRESCRIPTION DRUGS	728	2,929		171,167.12	58.44	1.693	235.12	98.94
SNF/ICF	248	1,244		69,920.19	56.21	.719	281.94	40.42
OUTPATIENTS	486	1,685		101,246.93	60.09	.974	208.33	58.52
MEDICAL SUPPLIES	76	14,775		7,208.88	.49	8.540	94.85	4.17
@DENTIST	36	85	\$	3,236.25	\$ 38.07	.049	\$ 89.90	\$ 1.87
VISITS - DIAGNOSTIC	29	72		1,380.25	19.17	.042	47.59	.80
ORAL SURGERY	4	5		83.00	16.60	.003	20.75	.05
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.001	118.00	.07
ENDODONTICS	1	1		330.00	330.00	.001	330.00	.19
RESTORATIVE DENTISTRY	1	1		55.00	55.00	.001	55.00	.03
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	5		1,270.00	254.00	.003	317.50	.73
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,862
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

	1,730 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	21	48	\$	825.75	\$ 17.20	.028	\$ 39.32	\$.48
DIAGNOSTIC AND ANC. PROCED	11	11		256.50	23.32	.006	23.32	.15
EYE APPLIANCES	12	37		569.25	15.39	.021	47.44	.33
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	44	58	\$	487.12	\$ 8.40	.034	\$ 11.07	\$.28
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	44	58		487.12	8.40	.034	11.07	.28
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	8	\$	22.17	\$ 2.77	.005	\$ 22.17	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	58	444	\$	24,176.18	\$	54.45	.257	\$	416.83	\$	13.97
HOSP INPATIENT TOTAL	7	14		17,116.02		1222.57	.008		2445.15		9.89
HSC HOSPITALS	4	14		14,983.35		1070.24	.008		3745.84		8.66
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	0		2,132.67		.00	.000		710.89		1.23
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	51	430		7,060.16		16.42	.249		138.43		4.08
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	15		41.97		2.80	.009		41.97		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		33.99		33.99	.001		33.99		.02
CROSSOVERS/ALL OTH OUTPTNT	49	414		6,984.20		16.87	.239		142.53		4.04
@COUNTY HOSPITAL TOTAL	1	2	\$	1.77	\$	.89	.001	\$	1.77	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		1.77		.89	.001		1.77		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	2		1.77		.89	.001		1.77		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,863
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

	1,730 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	442	\$	24,174.41	\$ 54.69	.255	\$ 424.11	\$ 13.97
COMM HOSP INPATIENT TOTAL	7	14		17,116.02	1222.57	.008	2445.15	9.89
HSC HOSPITALS	4	14		14,983.35	1070.24	.008	3745.84	8.66
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0		2,132.67	.00	.000	710.89	1.23
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	50	428		7,058.39	16.49	.247	141.17	4.08
MEDICAL	0	0		.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	15		41.97	2.80	.009	41.97	.02
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		33.99	33.99	.001	33.99	.02
CROSSOVERS/ALL OTH OUTPTNT	48	412		6,982.43	16.95	.238	145.47	4.04
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	257	5,584	\$	692,285.40	\$ 123.98	3.228	\$ 2693.72	\$ 400.16
LEV A-INTERMEDIATE	9	253		17,188.82	67.94	.146	1909.87	9.94
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	248	5,331		675,096.58	126.64	3.082	2722.16	390.23
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	6	\$	1,733.01	\$ 288.84	.003	\$ 866.51	\$ 1.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	6		1,733.01	288.84	.003	866.51	1.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	20	\$	217.31	\$ 10.87	.012	\$ 36.22	\$.13
PATHOLOGY	6	20		217.31	10.87	.012	36.22	.13
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	11	\$	650.77	\$ 59.16	.006	\$ 130.15	\$.38
CLINIC	1	2		73.61	36.81	.001	73.61	.04
SURGICENTER	2	5		413.53	82.71	.003	206.77	.24
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
SACRAMENTO COUNTY

2 4 163.63 40.91 .002 81.82 .09
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E
----- MONTHLY AVERAGE -----
PAGE 10,864
03/14/05

1,730 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	217	16,930	\$ 46,410.84	\$ 2.74	9.786	\$ 213.87	\$ 26.83
DURABLE MED. EQUIP.	11	87	10,185.15	117.07	.050	925.92	5.89
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	51	1,141	4,214.03	3.69	.660	82.63	2.44
AMBULANCES/AIR TRANS	2	3	131.63	43.88	.002	65.82	.08
OTHER TRANS	43	1,077	3,849.41	3.57	.623	89.52	2.23
OTHER SERVICES	8	61	232.99	3.82	.035	29.12	.13
ACUPUNCTURE	5	9	167.60	18.62	.005	33.52	.10
ADULT DAY HEALTH CARE CTR	22	183	12,732.13	69.57	.106	578.73	7.36
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	3	270.00	90.00	.002	270.00	.16
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	44	436.38	9.92	.025	25.67	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	18	27	16.17	.60	.016	.90	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	9	399.55	44.39	.005	49.94	.23
HOSPICE SERVICES	5	96	12,256.24	127.67	.055	2451.25	7.08
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	88	15,331	5,733.59	.37	8.862	65.15	3.31
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	347	3,230	\$ 67,188.75	\$ 20.80	1.867	\$ 193.63	\$ 38.84

* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,865
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	99	6,879	\$ 59,906.08	\$ 8.71	35.277	\$ 605.11	\$ 307.21
@PHYSICIANS SERVICES	24	69	\$ 3,418.31	\$ 49.54	.354	\$ 142.43	\$ 17.53
OUTPATIENT VISITS	9	12	426.42	35.54	.062	47.38	2.19
OFFICE VISITS	4	4	136.59	34.15	.021	34.15	.70
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	163.83	81.92	.010	81.92	.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	6	126.00	21.00	.031	31.50	.65
INPATIENT VISITS	3	18	1,520.03	84.45	.092	506.68	7.80

HOSPITAL VISITS	3	16		901.83	56.36	.082	300.61	4.62
CRITICAL CARE	1	2		618.20	309.10	.010	618.20	3.17
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2		74.30	37.15	.010	74.30	.38
EXAMINATIONS	1	2		74.30	37.15	.010	74.30	.38
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		90.00	90.00	.005	90.00	.46
PRINCIPAL SURGEON	1	1		90.00	90.00	.005	90.00	.46
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	3		7.06	2.35	.015	7.06	.04
RADIOLOGY	2	5		365.05	73.01	.026	182.53	1.87
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	28		935.45	33.41	.144	66.82	4.80
@PHARMACY	68	6,416	\$	16,017.87	\$ 2.50	32.903	\$ 235.56	\$ 82.14
PRESCRIPTION DRUGS	60	208		15,017.52	72.20	1.067	250.29	77.01
SNF/ICF	11	57		2,236.04	39.23	.292	203.28	11.47
OUTPATIENTS	50	151		12,781.48	84.65	.774	255.63	65.55
MEDICAL SUPPLIES	10	6,208		1,000.35	.16	31.836	100.04	5.13
@DENTIST	5	18	\$	860.00	\$ 47.78	.092	\$ 172.00	\$ 4.41
VISITS - DIAGNOSTIC	4	6		103.00	17.17	.031	25.75	.53
ORAL SURGERY	1	9		349.00	38.78	.046	349.00	1.79
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		330.00	330.00	.005	330.00	1.69
RESTORATIVE DENTISTRY	1	1		48.00	48.00	.005	48.00	.25
PROSTHETICS	1	1		30.00	30.00	.005	30.00	.15
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,866
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E							

						----- MONTHLY AVERAGE -----		
195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	4	\$ 112.61	\$ 28.15	.021	\$ 112.61	\$.58	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	1	3	53.11	17.70	.015	53.11	.27	
OTHER OPTOMETRIC SERVICES	1	1	59.50	59.50	.005	59.50	.31	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	2	2	\$ 32.53	\$ 16.27	.010	\$ 16.27	\$.17	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	2		32.53	16.27	.010	16.27	.17
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	15	63	\$	10,428.23	165.53	.323	695.22	53.48
HOSP INPATIENT TOTAL	1	8		9,535.00	1191.88	.041	9535.00	48.90
HSC HOSPITALS	1	8		9,535.00	1191.88	.041	9535.00	48.90
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	55		893.23	16.24	.282	63.80	4.58
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	3		44.07	14.69	.015	44.07	.23
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	6	7		232.16	33.17	.036	38.69	1.19
CROSSOVERS/ALL OTH OUTPTNT	10	45		617.00	13.71	.231	61.70	3.16
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,867
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	63	\$ 10,428.23	\$ 165.53	.323	\$ 695.22	\$ 53.48
COMM HOSP INPATIENT TOTAL	1	8	9,535.00	1191.88	.041	9535.00	48.90
HSC HOSPITALS	1	8	9,535.00	1191.88	.041	9535.00	48.90
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	55		893.23	16.24	.282	63.80	4.58
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	3		44.07	14.69	.015	44.07	.23
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	6	7		232.16	33.17	.036	38.69	1.19
CROSSOVERS/ALL OTH OUTPTNT	10	45		617.00	13.71	.231	61.70	3.16
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	8	172	\$	26,634.67	\$ 154.85	.882	\$ 3329.33	\$ 136.59
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	8	172		26,634.67	154.85	.882	3329.33	136.59
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	439.74	\$ 439.74	.005	\$ 439.74	\$ 2.26
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		439.74	439.74	.005	439.74	2.26
@REHABILITATION FACILITY	1	3	\$	63.57	\$ 21.19	.015	\$ 63.57	\$.33
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	3		63.57	21.19	.015	63.57	.33
@LABORATORY FACILITY	3	9	\$	71.73	\$ 7.97	.046	\$ 23.91	\$.37
PATHOLOGY	3	9		71.73	7.97	.046	23.91	.37
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	9	\$	596.36	\$ 66.26	.046	\$ 596.36	\$ 3.06
CLINIC	1	9		596.36	66.26	.046	596.36	3.06
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,868
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17	113	\$ 1,230.46	\$ 10.89	.579	\$ 72.38	\$ 6.31
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	3	75.00	25.00	.015	37.50	.38
MEDICAL TRANSPORTATION	3	25	276.33	11.05	.128	92.11	1.42
AMBULANCES/AIR TRANS	1	11	160.03	14.55	.056	160.03	.82
OTHER TRANS	2	14	116.30	8.31	.072	58.15	.60
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	42.72	10.68	.021	21.36	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	81	836.41	10.33	.415	83.64	4.29
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	9	39	\$ 14,375.15	\$ 368.59	.200	\$ 1597.24	\$ 73.72
@XOVER EXCLUDING STATE HOSP**	26	158	\$ 8,658.20	\$ 54.80	.810	\$ 333.01	\$ 44.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,869
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E		

8,909 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,393	153,605	\$ 3,168,477.36	\$ 20.63	17.242	\$ 587.52	\$ 355.65
@PHYSICIANS SERVICES	1,337	4,364	\$ 166,959.65	\$ 38.26	.490	\$ 124.88	\$ 18.74
OUTPATIENT VISITS	664	844	31,761.79	37.63	.095	47.83	3.57
OFFICE VISITS	477	596	19,660.31	32.99	.067	41.22	2.21

HOME VISITS	3	4	206.40	51.60	.000	68.80	.02
EMERGENCY ROOM	133	155	9,261.83	59.75	.017	69.64	1.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	3	181.44	60.48	.000	181.44	.02
OTHER OUTPATIENT	76	86	2,451.81	28.51	.010	32.26	.28
INPATIENT VISITS	100	533	23,561.02	44.20	.060	235.61	2.64
HOSPITAL VISITS	81	464	18,391.82	39.64	.052	227.06	2.06
CRITICAL CARE	13	39	4,192.75	107.51	.004	322.52	.47
SNF/ICF/TRANS IP CARE	19	30	976.45	32.55	.003	51.39	.11
OPHTHALMOLOGICAL SERVICES	17	23	911.49	39.63	.003	53.62	.10
EXAMINATIONS	17	23	911.49	39.63	.003	53.62	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	32	150	24,460.16	163.07	.017	764.38	2.75
PRINCIPAL SURGEON	25	37	21,610.29	584.06	.004	864.41	2.43
ASSISTANT SURGEON	2	2	189.26	94.63	.000	94.63	.02
ANESTHESIOLOGIST	12	111	2,660.61	23.97	.012	221.72	.30
OUTPATIENT SURGERY	74	220	17,773.58	80.79	.025	240.18	2.00
PRINCIPAL SURGEON	62	85	14,129.80	166.23	.010	227.90	1.59
ASSISTANT SURGEON	1	1	232.32	232.32	.000	232.32	.03
ANESTHESIOLOGIST	19	134	3,411.46	25.46	.015	179.55	.38
DIALYSIS	10	38	2,450.32	64.48	.004	245.03	.28
PATHOLOGY	83	218	3,795.98	17.41	.024	45.73	.43
RADIOLOGY	211	472	17,633.91	37.36	.053	83.57	1.98
PSYCHIATRY	4	8	268.65	33.58	.001	67.16	.03
IMMUNIZATION AND INJECTION	40	430	15,284.06	35.54	.048	382.10	1.72
OTHER SERVICES/ALL X-OVERS	540	1,428	29,058.69	20.35	.160	53.81	3.26
@PHARMACY	3,316	47,987	\$ 1,145,624.49	\$ 23.87	5.386	\$ 345.48	\$ 128.59
PRESCRIPTION DRUGS	3,207	12,217	1,068,922.30	87.49	1.371	333.31	119.98
SNF/ICF	252	1,513	119,432.25	78.94	.170	473.94	13.41
OUTPATIENTS	2,972	10,704	949,490.05	88.70	1.201	319.48	106.58
MEDICAL SUPPLIES	290	35,770	76,702.19	2.14	4.015	264.49	8.61
@DENTIST	267	1,123	\$ 41,656.60	\$ 37.09	.126	\$ 156.02	\$ 4.68
VISITS - DIAGNOSTIC	181	782	10,499.95	13.43	.088	58.01	1.18
ORAL SURGERY	43	93	5,310.75	57.10	.010	123.51	.60
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.000	.00	.00
PERIODONTICS	10	9	1,226.00	136.22	.001	122.60	.14
ENDODONTICS	14	27	6,030.00	223.33	.003	430.71	.68
RESTORATIVE DENTISTRY	72	144	8,278.90	57.49	.016	114.98	.93
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	24	51	10,051.00	197.08	.006	418.79	1.13
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4	260.00	65.00	.000	65.00	.03
ALL OTHER SERVICES	5	11	.00	.00	.001	.00	.00
MEDI-CAL DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY							
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E							
PAGE 10,870 03/14/05							

----- MONTHLY AVERAGE -----							
8,909 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	70	213	\$ 4,469.16	\$ 20.98	.024	\$ 63.85	\$.50
DIAGNOSTIC AND ANC. PROCED	34	36	1,487.53	41.32	.004	43.75	.17
EYE APPLIANCES	57	170	2,697.89	15.87	.019	47.33	.30
OTHER OPTOMETRIC SERVICES	4	7	283.74	40.53	.001	70.94	.03

@CHIROPRACTOR	4	5	\$	83.60	\$	16.72	.001	\$	20.90	\$	.01
VISITS	4	5		83.60		16.72	.001		20.90		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	70	102	\$	1,765.92	\$	17.31	.011	\$	25.23	\$	.20
MEDICINE/INJECTIONS	19	20		661.51		33.08	.002		34.82		.07
SURGERY/ANES.	4	7		226.43		32.35	.001		56.61		.03
RADIO./PATHOLOGY	2	2		34.60		17.30	.000		17.30		.00
OTHER	47	73		843.38		11.55	.008		17.94		.09
@HOME HEALTH AGENCY	53	4,957	\$	152,327.56	\$	30.73	.556	\$	2874.10	\$	17.10
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	1	10	\$	469.67	\$	46.97	.001	\$	469.67	\$	.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	10	\$	294.38	\$	29.44	.001	\$	73.60	\$	.03
@TOTAL HOSPITAL	545	3,713	\$	673,673.88	\$	181.44	.417	\$	1236.10	\$	75.62
HOSP INPATIENT TOTAL	65	604		594,440.75		984.17	.068		9145.24		66.72
HSC HOSPITALS	47	378		444,108.84		1174.89	.042		9449.12		49.85
NON-HSC HOSPITAL TOTAL	10	226		141,892.59		627.84	.025		14189.26		15.93
ACCOMMODATIONS	10	226		55,599.93		246.02	.025		5559.99		6.24
ADMINISTRATIVE DAYS	3	105		21,436.58		204.16	.012		7145.53		2.41
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	121		34,163.35		282.34	.014		4880.48		3.83
ANCILLARIES	10	0		86,292.66		.00	.000		8629.27		9.69
INPATIENT CROSSOVERS	11	0		8,439.32		.00	.000		767.21		.95
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	496	3,109		79,233.13		25.49	.349		159.74		8.89
MEDICAL	104	174		10,941.72		62.88	.020		105.21		1.23
SURGERY	26	29		1,675.21		57.77	.003		64.43		.19
PATHOLOGY	154	951		7,883.48		8.29	.107		51.19		.88
RADIOLOGY	91	171		21,731.20		127.08	.019		238.80		2.44
ROOM USE	239	330		12,950.82		39.24	.037		54.19		1.45
CROSSOVERS/ALL OTH OUTPTNT	251	1,454		24,050.70		16.54	.163		95.82		2.70
@COUNTY HOSPITAL TOTAL	10	45	\$	18,283.39	\$	406.30	.005	\$	1828.34	\$	2.05
CO HOSPITAL INPATIENT TOTAL	1	13		17,576.00		1352.00	.001		17576.00		1.97
HSC HOSPITALS	1	13		17,576.00		1352.00	.001		17576.00		1.97
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	9	32		707.39		22.11	.004		78.60		.08
MEDICAL	4	4		68.40		17.10	.000		17.10		.01
SURGERY	1	1		13.26		13.26	.000		13.26		.00
PATHOLOGY	4	15		348.42		23.23	.002		87.11		.04
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	5	5		197.70		39.54	.001		39.54		.02
CROSSOVERS/ALL OTH OUTPTNT	3	7		79.61		11.37	.001		26.54		.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	8,909 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		537	3,668	\$ 655,390.49	\$ 178.68	.412	\$ 1220.47	\$ 73.56

COMM HOSP INPATIENT TOTAL	64	591		576,864.75	976.08	.066	9013.51	64.75
HSC HOSPITALS	46	365		426,532.84	1168.58	.041	9272.45	47.88
NON-HSC HOSPITALS TOTAL	10	226		141,892.59	627.84	.025	14189.26	15.93
ACCOMMODATIONS	10	226		55,599.93	246.02	.025	5559.99	6.24
ADMINISTRATIVE DAYS	3	105		21,436.58	204.16	.012	7145.53	2.41
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	121		34,163.35	282.34	.014	4880.48	3.83
ANCILLARIES	10	0		86,292.66	.00	.000	8629.27	9.69
INPATIENT CROSSOVERS	11	0		8,439.32	.00	.000	767.21	.95
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	488	3,077		78,525.74	25.52	.345	160.91	8.81
MEDICAL	100	170		10,873.32	63.96	.019	108.73	1.22
SURGERY	25	28		1,661.95	59.36	.003	66.48	.19
PATHOLOGY	151	936		7,535.06	8.05	.105	49.90	.85
RADIOLOGY	91	171		21,731.20	127.08	.019	238.80	2.44
ROOM USE	234	325		12,753.12	39.24	.036	54.50	1.43
CROSSOVERS/ALL OTH OUTPTNT	248	1,447		23,971.09	16.57	.162	96.66	2.69
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	223	4,636	\$	602,389.96	129.94	.520	2701.30	67.62
LEV A-INTERMEDIATE	4	123		10,491.42	85.30	.014	2622.86	1.18
LEV B-REHAB MD	7	208		25,180.36	121.06	.023	3597.19	2.83
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	15		8,297.25	553.15	.002	8297.25	.93
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	211	4,290		558,420.93	130.17	.482	2646.54	62.68
@INTERMEDIATE CARE FACIL.-DD	14	348	\$	54,940.55	157.88	.039	3924.33	6.17
ICF DDH	14	348		54,940.55	157.88	.039	3924.33	6.17
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	46	1,069	\$	45,647.50	42.70	.120	992.34	5.12
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	46	1,069		45,647.50	42.70	.120	992.34	5.12
@REHABILITATION FACILITY	42	302	\$	5,508.52	18.24	.034	131.16	.62
HOSPITAL BASED	6	22		711.06	32.32	.002	118.51	.08
INDEPENDENT FACILITY	36	280		4,797.46	17.13	.031	133.26	.54
@LABORATORY FACILITY	222	930	\$	11,038.32	11.87	.104	49.72	1.24
PATHOLOGY	216	908		10,489.39	11.55	.102	48.56	1.18
XO AND OTHERS	6	22		548.93	24.95	.002	91.49	.06
@ORGANIZED OUTPATIENT CLINIC	133	308	\$	14,529.98	47.18	.035	109.25	1.63
CLINIC	70	172		3,780.75	21.98	.019	54.01	.42
SURGICENTER	7	42		1,230.63	29.30	.005	175.80	.14
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	58	94		9,518.60	101.26	.011	164.11	1.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 10,872
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E							

----- MONTHLY AVERAGE -----								
8,909 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,119	83,528	\$ 247,097.62	\$ 2.96	9.376	\$ 220.82	\$ 27.74	
DURABLE MED. EQUIP.	63	652	44,329.26	67.99	.073	703.64	4.98	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	4	5	139.23	27.85	.001	34.81	.02	
MEDICAL TRANSPORTATION	174	9,997	35,641.68	3.57	1.122	204.84	4.00	

AMBULANCES/AIR TRANS	74	495	8,140.22	16.44	.056	110.00	.91
OTHER TRANS	85	9,537	25,396.16	2.66	1.070	298.78	2.85
OTHER SERVICES	20	35CR	2,105.30	60.15CR	.004CR	105.27	.24
ACUPUNCTURE	7	16	294.27	18.39	.002	42.04	.03
ADULT DAY HEALTH CARE CTR	21	260	17,788.13	68.42	.029	847.05	2.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	9	578	19,048.29	32.96	.065	2116.48	2.14
OCCUPATIONAL THERAPIST	2	103	309.53	3.01	.012	154.77	.03
OPTICIAN	100	223	2,220.19	9.96	.025	22.20	.25
PHYSICAL THERAPIST	2	6	125.78	20.96	.001	62.89	.01
PORTABLE X-RAY	11	20	147.35	7.37	.002	13.40	.02
PROSTHETIST/ORTHOTISTS	4	21	2,027.68	96.56	.002	506.92	.23
PROSTHETICS	4	21	2,027.68	96.56	.002	506.92	.23
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	7	160.00	22.86	.001	53.33	.02
SPEECH AND AUDIOLOGY	42	119	5,295.61	44.50	.013	126.09	.59
HOSPICE SERVICES	6	138	17,951.46	130.08	.015	2991.91	2.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	526	9,864	76,013.27	7.71	1.107	144.51	8.53
EPSDT SUPPLEMENTAL SERVICE	1	65	1,911.65	29.41	.007	1911.65	.21
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	204	61,454	23,694.24	.39	6.898	116.15	2.66
@CALIF. CHILDREN SERVICES*	201	10,550	\$ 182,299.08	\$ 17.28	1.184	\$ 906.96	\$ 20.46
@XOVER EXCLUDING STATE HOSP**	650	5,177	\$ 116,747.91	\$ 22.55	.581	\$ 179.61	\$ 13.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 10,873
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

10,834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,583	201,744	\$ 4,182,041.43	\$ 20.73	18.621	\$ 635.28	\$ 386.01
@PHYSICIANS SERVICES	1,506	4,795	\$ 175,615.15	\$ 36.62	.443	\$ 116.61	\$ 16.21
OUTPATIENT VISITS	686	872	32,558.91	37.34	.080	47.46	3.01
OFFICE VISITS	494	616	20,167.60	32.74	.057	40.83	1.86
HOME VISITS	3	4	206.40	51.60	.000	68.80	.02
EMERGENCY ROOM	135	157	9,425.66	60.04	.014	69.82	.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	3	181.44	60.48	.000	181.44	.02
OTHER OUTPATIENT	80	92	2,577.81	28.02	.008	32.22	.24
INPATIENT VISITS	103	551	25,081.05	45.52	.051	243.51	2.32
HOSPITAL VISITS	84	480	19,293.65	40.20	.044	229.69	1.78
CRITICAL CARE	14	41	4,810.95	117.34	.004	343.64	.44
SNF/ICF/TRANS IP CARE	19	30	976.45	32.55	.003	51.39	.09
OPHTHALMOLOGICAL SERVICES	18	25	985.79	39.43	.002	54.77	.09
EXAMINATIONS	18	25	985.79	39.43	.002	54.77	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	32	150	24,460.16	163.07	.014	764.38	2.26
PRINCIPAL SURGEON	25	37	21,610.29	584.06	.003	864.41	1.99
ASSISTANT SURGEON	2	2	189.26	94.63	.000	94.63	.02
ANESTHESIOLOGIST	12	111	2,660.61	23.97	.010	221.72	.25
OUTPATIENT SURGERY	75	221	17,863.58	80.83	.020	238.18	1.65
PRINCIPAL SURGEON	63	86	14,219.80	165.35	.008	225.71	1.31

ASSISTANT SURGEON	1	1	232.32	232.32	.000	232.32	.02
ANESTHESIOLOGIST	19	134	3,411.46	25.46	.012	179.55	.31
DIALYSIS	10	38	2,450.32	64.48	.004	245.03	.23
PATHOLOGY	87	227	3,831.97	16.88	.021	44.05	.35
RADIOLOGY	215	480	18,098.04	37.70	.044	84.18	1.67
PSYCHIATRY	4	8	268.65	33.58	.001	67.16	.02
IMMUNIZATION AND INJECTION	40	430	15,284.06	35.54	.040	382.10	1.41
OTHER SERVICES/ALL X-OVERS	686	1,793	34,732.62	19.37	.165	50.63	3.21
@PHARMACY	4,134	72,107	\$ 1,340,018.36	\$ 18.58	6.656	\$ 324.15	\$ 123.69
PRESCRIPTION DRUGS	3,995	15,354	1,255,106.94	81.74	1.417	314.17	115.85
SNF/ICF	511	2,814	191,588.48	68.08	.260	374.93	17.68
OUTPATIENTS	3,508	12,540	1,063,518.46	84.81	1.157	303.17	98.16
MEDICAL SUPPLIES	376	56,753	84,911.42	1.50	5.238	225.83	7.84
@DENTIST	308	1,226	\$ 45,752.85	\$ 37.32	.113	\$ 148.55	\$ 4.22
VISITS - DIAGNOSTIC	214	860	11,983.20	13.93	.079	56.00	1.11
ORAL SURGERY	48	107	5,742.75	53.67	.010	119.64	.53
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.000	.00	.00
PERIODONTICS	11	10	1,344.00	134.40	.001	122.18	.12
ENDODONTICS	16	29	6,690.00	230.69	.003	418.13	.62
RESTORATIVE DENTISTRY	74	146	8,381.90	57.41	.013	113.27	.77
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	28	56	11,321.00	202.16	.005	404.32	1.04
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4	260.00	65.00	.000	65.00	.02
ALL OTHER SERVICES	6	11	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024
 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

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----- MONTHLY AVERAGE -----

10,834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	92	265	\$ 5,407.52	\$ 20.41	.024	\$ 58.78	\$.50
DIAGNOSTIC AND ANC. PROCED	45	47	1,744.03	37.11	.004	38.76	.16
EYE APPLIANCES	70	210	3,320.25	15.81	.019	47.43	.31
OTHER OPTOMETRIC SERVICES	5	8	343.24	42.91	.001	68.65	.03
@CHIROPRACTOR	4	5	\$ 83.60	\$ 16.72	.000	\$ 20.90	\$.01
VISITS	4	5	83.60	16.72	.000	20.90	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	116	162	\$ 2,285.57	\$ 14.11	.015	\$ 19.70	\$.21
MEDICINE/INJECTIONS	19	20	661.51	33.08	.002	34.82	.06
SURGERY/ANES.	4	7	226.43	32.35	.001	56.61	.02
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	93	133	1,363.03	10.25	.012	14.66	.13
@HOME HEALTH AGENCY	53	4,957	\$ 152,327.56	\$ 30.73	.458	\$ 2874.10	\$ 14.06
NURSE ANESTHESIST	1	8	\$ 22.17	\$ 2.77	.001	\$ 22.17	\$.00
NURSE MIDWIFE	1	10	\$ 469.67	\$ 46.97	.001	\$ 469.67	\$.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	10	\$ 294.38	\$ 29.44	.001	\$ 73.60	\$.03
@TOTAL HOSPITAL	618	4,220	\$ 708,278.29	\$ 167.84	.390	\$ 1146.08	\$ 65.38
HOSP INPATIENT TOTAL	73	626	621,091.77	992.16	.058	8508.11	57.33
HSC HOSPITALS	52	400	468,627.19	1171.57	.037	9012.06	43.26
NON-HSC HOSPITAL TOTAL	10	226	141,892.59	627.84	.021	14189.26	13.10
ACCOMMODATIONS	10	226	55,599.93	246.02	.021	5559.99	5.13
ADMINISTRATIVE DAYS	3	105	21,436.58	204.16	.010	7145.53	1.98
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	121	34,163.35	282.34	.011	4880.48	3.15
ANCILLARIES	10	0	86,292.66	.00	.000	8629.27	7.96
INPATIENT CROSSOVERS	14	0	10,571.99	.00	.000	755.14	.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	561	3,594	87,186.52	24.26	.332	155.41	8.05
MEDICAL	104	174	10,941.72	62.88	.016	105.21	1.01
SURGERY	26	29	1,675.21	57.77	.003	64.43	.15
PATHOLOGY	156	969	7,969.52	8.22	.089	51.09	.74
RADIOLOGY	91	171	21,731.20	127.08	.016	238.80	2.01
ROOM USE	246	338	13,216.97	39.10	.031	53.73	1.22
CROSSOVERS/ALL OTH OUTPTNT	310	1,913	31,651.90	16.55	.177	102.10	2.92
@COUNTY HOSPITAL TOTAL	11	47	\$ 18,285.16	\$ 389.05	.004	\$ 1662.29	\$ 1.69
CO HOSPITAL INPATIENT TOTAL	1	13	17,576.00	1352.00	.001	17576.00	1.62
HSC HOSPITALS	1	13	17,576.00	1352.00	.001	17576.00	1.62
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	10	34	709.16	20.86	.003	70.92	.07
MEDICAL	4	4	68.40	17.10	.000	17.10	.01
SURGERY	1	1	13.26	13.26	.000	13.26	.00
PATHOLOGY	4	15	348.42	23.23	.001	87.11	.03
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	5	197.70	39.54	.000	39.54	.02
CROSSOVERS/ALL OTH OUTPTNT	4	9	81.38	9.04	.001	20.35	.01

10,834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	609	4,173	\$ 689,993.13	\$ 165.35	.385	\$ 1132.99	\$ 63.69
COMM HOSP INPATIENT TOTAL	72	613	603,515.77	984.53	.057	8382.16	55.71
HSC HOSPITALS	51	387	451,051.19	1165.51	.036	8844.14	41.63
NON-HSC HOSPITALS TOTAL	10	226	141,892.59	627.84	.021	14189.26	13.10
ACCOMMODATIONS	10	226	55,599.93	246.02	.021	5559.99	5.13
ADMINISTRATIVE DAYS	3	105	21,436.58	204.16	.010	7145.53	1.98
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	121	34,163.35	282.34	.011	4880.48	3.15
ANCILLARIES	10	0	86,292.66	.00	.000	8629.27	7.96
INPATIENT CROSSOVERS	14	0	10,571.99	.00	.000	755.14	.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	552	3,560	86,477.36	24.29	.329	156.66	7.98
MEDICAL	100	170	10,873.32	63.96	.016	108.73	1.00
SURGERY	25	28	1,661.95	59.36	.003	66.48	.15
PATHOLOGY	153	954	7,621.10	7.99	.088	49.81	.70
RADIOLOGY	91	171	21,731.20	127.08	.016	238.80	2.01
ROOM USE	241	333	13,019.27	39.10	.031	54.02	1.20
CROSSOVERS/ALL OTH OUTPTNT	306	1,904	31,570.52	16.58	.176	103.17	2.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	488	10,392	\$ 1,321,310.03	\$ 127.15	.959	\$ 2707.60	\$ 121.96
LEV A-INTERMEDIATE	13	376	27,680.24	73.62	.035	2129.25	2.55
LEV B-REHAB MD	7	208	25,180.36	121.06	.019	3597.19	2.32
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	15	8,297.25	553.15	.001	8297.25	.77
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	467	9,793	1,260,152.18	128.68	.904	2698.40	116.31
@INTERMEDIATE CARE FACIL.-DD	14	348	\$ 54,940.55	\$ 157.88	.032	\$ 3924.33	\$ 5.07
ICF DDH	14	348	54,940.55	157.88	.032	3924.33	5.07
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	49	1,076	\$ 47,820.25	\$ 44.44	.099	\$ 975.92	\$ 4.41
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	49	1,076	47,820.25	44.44	.099	975.92	4.41
@REHABILITATION FACILITY	43	305	\$ 5,572.09	\$ 18.27	.028	\$ 129.58	\$.51
HOSPITAL BASED	6	22	711.06	32.32	.002	118.51	.07
INDEPENDENT FACILITY	37	283	4,861.03	17.18	.026	131.38	.45
@LABORATORY FACILITY	231	959	\$ 11,327.36	\$ 11.81	.089	\$ 49.04	\$ 1.05
PATHOLOGY	225	937	10,778.43	11.50	.086	47.90	.99
XO AND OTHERS	6	22	548.93	24.95	.002	91.49	.05
@ORGANIZED OUTPATIENT CLINIC	139	328	\$ 15,777.11	\$ 48.10	.030	\$ 113.50	\$ 1.46
CLINIC	72	183	4,450.72	24.32	.017	61.82	.41
SURGICENTER	9	47	1,644.16	34.98	.004	182.68	.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	60	98	9,682.23	98.80	.009	161.37	.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL						

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,353	100,571	\$	294,738.92	\$ 2.93	9.283	\$ 217.84	\$ 27.20
DURABLE MED. EQUIP.	74	739		54,514.41	73.77	.068	736.68	5.03
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	8		214.23	26.78	.001	35.71	.02
MEDICAL TRANSPORTATION	228	11,163		40,132.04	3.60	1.030	176.02	3.70
AMBULANCES/AIR TRANS	77	509		8,431.88	16.57	.047	109.50	.78
OTHER TRANS	130	10,628		29,361.87	2.76	.981	225.86	2.71
OTHER SERVICES	28	26		2,338.29	89.93	.002	83.51	.22
ACUPUNCTURE	12	25		461.87	18.47	.002	38.49	.04
ADULT DAY HEALTH CARE CTR	43	443		30,520.26	68.89	.041	709.77	2.82
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	10	581		19,318.29	33.25	.054	1931.83	1.78
OCCUPATIONAL THERAPIST	2	103		309.53	3.01	.010	154.77	.03
OPTICIAN	119	271		2,699.29	9.96	.025	22.68	.25
PHYSICAL THERAPIST	2	6		125.78	20.96	.001	62.89	.01
PORTABLE X-RAY	29	47		163.52	3.48	.004	5.64	.02
PROSTHETIST/ORTHOTISTS	4	21		2,027.68	96.56	.002	506.92	.19
PROSTHETICS	4	21		2,027.68	96.56	.002	506.92	.19
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	3	7		160.00	22.86	.001	53.33	.01
SPEECH AND AUDIOLOGY	50	128		5,695.16	44.49	.012	113.90	.53
HOSPICE SERVICES	11	234		30,207.70	129.09	.022	2746.15	2.79
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	536	9,945		76,849.68	7.73	.918	143.38	7.09
EPSDT SUPPLEMENTAL SERVICE	1	65		1,911.65	29.41	.006	1911.65	.18
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	292	76,785		29,427.83	.38	7.087	100.78	2.72
@CALIF. CHILDREN SERVICES*	210	10,589	\$	196,674.23	\$ 18.57	.977	\$ 936.54	\$ 18.15
@XOVER EXCLUDING STATE HOSP**	1,023	8,565	\$	192,594.86	\$ 22.49	.791	\$ 188.26	\$ 17.78

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,877
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	1,203,065 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	852,198	30,497,036	\$	531,592,378.89	\$ 17.43	25.349	\$ 623.79	\$ 441.87
@PHYSICIANS SERVICES	276,004	928,597	\$	40,099,306.62	\$ 43.18	.772	\$ 145.29	\$ 33.33
OUTPATIENT VISITS	161,636	242,237		9,244,491.80	38.16	.201	57.19	7.68
OFFICE VISITS	111,970	149,572		4,811,050.54	32.17	.124	42.97	4.00
HOME VISITS	400	485		16,938.63	34.93	.000	42.35	.01
EMERGENCY ROOM	28,017	32,741		2,011,377.73	61.43	.027	71.79	1.67
PREVENTIVE CARE	175	176		7,577.97	43.06	.000	43.30	.01
OB VISITS/COMPRE PERI	15,123	39,931		1,897,856.26	47.53	.033	125.49	1.58
OTHER OUTPATIENT	15,586	19,332		499,690.67	25.85	.016	32.06	.42
INPATIENT VISITS	18,738	90,847		5,782,069.42	63.65	.076	308.57	4.81
HOSPITAL VISITS	16,058	70,551		3,092,633.50	43.84	.059	192.59	2.57
CRITICAL CARE	2,363	16,834		2,580,071.88	153.27	.014	1091.86	2.14
SNF/ICF/TRANS IP CARE	1,813	3,462		109,364.04	31.59	.003	60.32	.09
OPHTHALMOLOGICAL SERVICES	4,056	5,296		207,118.25	39.11	.004	51.06	.17
EXAMINATIONS	3,734	4,959		200,006.49	40.33	.004	53.56	.17
SERVICES AND MATERIALS	334	337		7,111.76	21.10	.000	21.29	.01

INPATIENT HOSPITAL SURGERY	12,694	64,736	7,818,193.81	120.77	.054	615.90	6.50
PRINCIPAL SURGEON	9,055	13,185	6,276,306.09	476.02	.011	693.13	5.22
ASSISTANT SURGEON	1,269	1,321	270,367.98	204.67	.001	213.06	.22
ANESTHESIOLOGIST	5,138	50,230	1,271,519.74	25.31	.042	247.47	1.06
OUTPATIENT SURGERY	14,177	32,327	2,928,648.28	90.59	.027	206.58	2.43
PRINCIPAL SURGEON	12,036	15,678	2,432,591.55	155.16	.013	202.11	2.02
ASSISTANT SURGEON	100	100	17,219.90	172.20	.000	172.20	.01
ANESTHESIOLOGIST	3,376	16,549	478,836.83	28.93	.014	141.84	.40
DIALYSIS	1,513	6,181	475,503.25	76.93	.005	314.28	.40
PATHOLOGY	22,118	47,790	686,614.06	14.37	.040	31.04	.57
RADIOLOGY	52,933	109,488	5,379,695.67	49.14	.091	101.63	4.47
PSYCHIATRY	101	124	6,319.95	50.97	.000	62.57	.01
IMMUNIZATION AND INJECTION	7,040	56,161	1,777,022.90	31.64	.047	252.42	1.48
OTHER SERVICES/ALL X-OVERS	93,397	273,410	5,793,629.23	21.19	.227	62.03	4.82
@PHARMACY	527,289	12,702,545	\$ 185,788,741.88	\$ 14.63	10.558	\$ 352.35	\$ 154.43
PRESCRIPTION DRUGS	518,764	2,293,037	175,065,208.87	76.35	1.906	337.47	145.52
SNF/ICF	30,620	219,419	13,523,689.71	61.63	.182	441.66	11.24
OUTPATIENTS	491,626	2,073,618	161,541,519.16	77.90	1.724	328.59	134.27
MEDICAL SUPPLIES	50,582	10,409,508	10,723,533.01	1.03	8.652	212.00	8.91
@DENTIST	52,897	262,305	\$ 8,683,577.01	\$ 33.10	.218	\$ 164.16	\$ 7.22
VISITS - DIAGNOSTIC	36,536	174,229	2,157,208.76	12.38	.145	59.04	1.79
ORAL SURGERY	9,239	22,872	1,149,199.83	50.24	.019	124.39	.96
DRUGS	242	280	5,175.00	18.48	.000	21.38	.00
ANESTHESIA	85	89	6,700.00	75.28	.000	78.82	.01
PERIODONTICS	2,648	2,910	307,491.09	105.67	.002	116.12	.26
ENDODONTICS	3,122	4,828	885,300.29	183.37	.004	283.57	.74
RESTORATIVE DENTISTRY	13,997	36,390	2,090,834.61	57.46	.030	149.38	1.74
PROSTHETICS	506	544	16,892.50	31.05	.000	33.38	.01
DENTURES, STAYPLATES	5,628	16,634	1,986,796.80	119.44	.014	353.02	1.65
SPACE MAINTAINERS	154	213	19,462.00	91.37	.000	126.38	.02
MAXILLOFACIAL SERVICES	42	49	2,862.88	58.43	.000	68.16	.00
FRACTURES, DISLOCATIONS	3	4	1,490.00	372.50	.000	496.67	.00
ORTHODONTIC SERVICES	847	1,248	49,793.25	39.90	.001	58.79	.04
ALL OTHER SERVICES	1,296	2,015	4,370.00	2.17	.002	3.37	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 10,878
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED						

1,203,065 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	16,622	50,711	\$ 1,066,324.40	\$ 21.03	.042	\$ 64.15	\$.89	
DIAGNOSTIC AND ANC. PROCED	9,031	9,830	388,564.18	39.53	.008	43.03	.32	
EYE APPLIANCES	13,226	39,842	647,194.10	16.24	.033	48.93	.54	
OTHER OPTOMETRIC SERVICES	818	1,039	30,566.12	29.42	.001	37.37	.03	
@CHIROPRACTOR	928	1,756	\$ 28,900.22	\$ 16.46	.001	\$ 31.14	\$.02	
VISITS	900	1,702	28,219.76	16.58	.001	31.36	.02	
OTHER SERVICES	28	54	680.46	12.60	.000	24.30	.00	
@PODIATRIST	11,029	17,796	\$ 255,622.34	\$ 14.36	.015	\$ 23.18	\$.21	
MEDICINE/INJECTIONS	2,732	3,034	92,212.46	30.39	.003	33.75	.08	
SURGERY/ANES.	243	367	13,723.32	37.39	.000	56.47	.01	
RADIO./PATHOLOGY	183	244	4,315.59	17.69	.000	23.58	.00	
OTHER	8,271	14,151	145,370.97	10.27	.012	17.58	.12	
@HOME HEALTH AGENCY	3,869	219,565	\$ 7,544,983.27	\$ 34.36	.183	\$ 1950.11	\$ 6.27	
NURSE ANESTHESIST	432	3,545	\$ 37,305.47	\$ 10.52	.003	\$ 86.36	\$.03	
NURSE MIDWIFE	146	1,279	\$ 38,181.34	\$ 29.85	.001	\$ 261.52	\$.03	
PEDIATRIC NURSE PRACTITIONER	23	24	\$ 848.97	\$ 35.37	.000	\$ 36.91	\$.00	

FAMILY NURSE PRACTITIONER	1,224	3,214	\$	74,715.41	\$	23.25	.003	\$	61.04	\$	.06
@TOTAL HOSPITAL	112,568	724,331	\$	128,083,952.58	\$	176.83	.602	\$	1137.84	\$	106.46
HOSP INPATIENT TOTAL	17,421	87,149		112,581,692.66		1291.83	.072		6462.41		93.58
HSC HOSPITALS	14,781	79,417		102,710,117.06		1293.30	.066		6948.79		85.37
NON-HSC HOSPITAL TOTAL	1,028	7,732		8,106,934.09		1048.49	.006		7886.12		6.74
ACCOMMODATIONS	1,019	7,732		3,898,680.28		504.23	.006		3825.99		3.24
ADMINISTRATIVE DAYS	36	328		62,443.33		190.38	.000		1734.54		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	984	7,404		3,836,236.95		518.13	.006		3898.61		3.19
ANCILLARIES	1,009	0		4,208,253.81		.00	.000		4170.72		3.50
INPATIENT CROSSOVERS	1,902	0		1,764,641.51		.00	.000		927.78		1.47
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	101,684	637,182		15,502,259.92		24.33	.530		152.46		12.89
MEDICAL	17,813	27,938		1,204,140.49		43.10	.023		67.60		1.00
SURGERY	6,851	8,607		357,237.71		41.51	.007		52.14		.30
PATHOLOGY	34,161	216,347		1,844,312.76		8.52	.180		53.99		1.53
RADIOLOGY	21,201	34,105		2,931,363.59		85.95	.028		138.27		2.44
ROOM USE	53,567	75,853		2,879,813.75		37.97	.063		53.76		2.39
CROSSOVERS/ALL OTH OUTPTNT	51,444	274,332		6,285,391.62		22.91	.228		122.18		5.22
@COUNTY HOSPITAL TOTAL	992	5,630	\$	1,377,907.48	\$	244.74	.005	\$	1389.02	\$	1.15
CO HOSPITAL INPATIENT TOTAL	159	1,088		1,241,419.14		1141.01	.001		7807.67		1.03
HSC HOSPITALS	149	1,022		1,181,020.02		1155.60	.001		7926.31		.98
NON-HSC HOSPITALS TOTAL	11	66		57,807.12		875.87	.000		5255.19		.05
ACCOMMODATIONS	10	66		24,482.31		370.94	.000		2448.23		.02
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	66		24,482.31		370.94	.000		2448.23		.02
ANCILLARIES	11	0		33,324.81		.00	.000		3029.53		.03
INPATIENT CROSSOVERS	3	0		2,592.00		.00	.000		864.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	891	4,542		136,488.34		30.05	.004		153.19		.11
MEDICAL	281	402		14,265.50		35.49	.000		50.77		.01

SURGERY	144	225	7,698.26	34.21	.000	53.46	.01
PATHOLOGY	339	1,682	26,781.86	15.92	.001	79.00	.02
RADIOLOGY	135	222	19,063.48	85.87	.000	141.21	.02
ROOM USE	521	863	41,073.32	47.59	.001	78.84	.03
CROSSOVERS/ALL OTH OUTPTNT	478	1,148	27,605.92	24.05	.001	57.75	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

		----- MONTHLY AVERAGE -----						
1,203,065 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	111,704	718,701	\$ 126,706,045.10	\$ 176.30	.597	\$ 1134.30	\$ 105.32	
COMM HOSP INPATIENT TOTAL	17,269	86,061	111,340,273.52	1293.74	.072	6447.41	92.55	
HSC HOSPITALS	14,638	78,395	101,529,097.04	1295.10	.065	6936.00	84.39	
NON-HSC HOSPITALS TOTAL	1,017	7,666	8,049,126.97	1049.98	.006	7914.58	6.69	
ACCOMMODATIONS	1,009	7,666	3,874,197.97	505.37	.006	3839.64	3.22	
ADMINISTRATIVE DAYS	36	328	62,443.33	190.38	.000	1734.54	.05	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	974	7,338	3,811,754.64	519.45	.006	3913.51	3.17	
ANCILLARIES	998	0	4,174,929.00	.00	.000	4183.30	3.47	
INPATIENT CROSSOVERS	1,899	0	1,762,049.51	.00	.000	927.88	1.46	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	100,893	632,640	15,365,771.58	24.29	.526	152.30	12.77	
MEDICAL	17,543	27,536	1,189,874.99	43.21	.023	67.83	.99	
SURGERY	6,707	8,382	349,539.45	41.70	.007	52.12	.29	
PATHOLOGY	33,853	214,665	1,817,530.90	8.47	.178	53.69	1.51	
RADIOLOGY	21,075	33,883	2,912,300.11	85.95	.028	138.19	2.42	
ROOM USE	53,091	74,990	2,838,740.43	37.85	.062	53.47	2.36	
CROSSOVERS/ALL OTH OUTPTNT	50,991	273,184	6,257,785.70	22.91	.227	122.72	5.20	
@STATE HOSPITAL	36	1,208	\$ 721,411.56	\$ 597.20	.001	\$ 20039.21	\$.60	
MENTALLY ILL	17	328	174,046.07	530.63	.000	10238.00	.14	
DEVELOP. DISABLED	19	880	547,365.49	622.01	.001	28808.71	.45	
@NURSING FACILITY	28,694	877,936	\$ 99,136,812.71	\$ 112.92	.730	\$ 3454.97	\$ 82.40	
LEV A-INTERMEDIATE	626	20,487	1,294,953.28	63.21	.017	2068.62	1.08	
LEV B-REHAB MD	458	15,311	1,646,648.70	107.55	.013	3595.30	1.37	
LEV B-SUBACUTE FREESTANDING	45	1,592	882,539.29	554.36	.001	19611.98	.73	
LEV B-SUBACUTE HSPTL BASED	299	9,873	5,400,643.75	547.01	.008	18062.35	4.49	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	27,310	830,673	89,912,027.69	108.24	.690	3292.27	74.74	
@INTERMEDIATE CARE FACIL.-DD	1,737	52,931	\$ 8,060,695.38	\$ 152.29	.044	\$ 4640.58	\$ 6.70	
ICF DDH	1,017	31,596	4,993,082.42	158.03	.026	4909.62	4.15	
ICF DD	588	17,447	2,325,489.81	133.29	.015	3954.91	1.93	
ICF DDN/DDCN	132	3,888	742,123.15	190.88	.003	5622.15	.62	
@HEMODIALYSIS TOTAL	6,176	210,012	\$ 8,530,755.75	\$ 40.62	.175	\$ 1381.28	\$ 7.09	
HOSPITAL BASED	133	2,253	435,933.62	193.49	.002	3277.70	.36	
HEMODIALYSIS CENTER	6,046	207,759	8,094,822.13	38.96	.173	1338.87	6.73	
@REHABILITATION FACILITY	2,776	22,585	\$ 451,037.61	\$ 19.97	.019	\$ 162.48	\$.37	
HOSPITAL BASED	1,082	4,105	122,055.23	29.73	.003	112.81	.10	
INDEPENDENT FACILITY	1,707	18,480	328,982.38	17.80	.015	192.73	.27	
@LABORATORY FACILITY	61,478	232,099	\$ 2,763,944.57	\$ 11.91	.193	\$ 44.96	\$ 2.30	
PATHOLOGY	60,898	230,385	2,749,245.04	11.93	.191	45.15	2.29	
XO AND OTHERS	589	1,714	14,699.53	8.58	.001	24.96	.01	
@ORGANIZED OUTPATIENT CLINIC	34,860	115,417	\$ 4,622,113.27	\$ 40.05	.096	\$ 132.59	\$ 3.84	
CLINIC	24,056	90,359	2,444,259.98	27.05	.075	101.61	2.03	
SURGICENTER	2,230	10,388	444,703.51	42.81	.009	199.42	.37	
HEROIN DETOX CLINIC	73	892	9,421.73	10.56	.001	129.06	.01	

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 SACRAMENTO COUNTY

8,574 13,778 1,723,728.05
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR TOTAL CERTIFIED

125.11 .011 201.04 1.43
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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,203,065 ELIGIBLES							
@ALL OTHER PROVIDERS	183,879	14,069,180	\$ 35,603,148.53	\$ 2.53	11.694	\$ 193.62	\$ 29.59
DURABLE MED. EQUIP.	8,486	39,002	4,398,190.31	112.77	.032	518.29	3.66
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	272	333	102,815.23	308.75	.000	378.00	.09
MEDICAL TRANSPORTATION	21,738	1,080,323	4,991,091.59	4.62	.898	229.60	4.15
AMBULANCES/AIR TRANS	12,181	90,663	1,621,316.35	17.88	.075	133.10	1.35
OTHER TRANS	8,645	979,435	3,220,823.31	3.29	.814	372.56	2.68
OTHER SERVICES	1,766	10,225	148,951.93	14.57	.008	84.34	.12
ACUPUNCTURE	4,678	10,697	188,045.47	17.58	.009	40.20	.16
ADULT DAY HEALTH CARE CTR	5,797	84,107	5,794,645.08	68.90	.070	999.59	4.82
GENETIC DISEASE TESTING	4,037	4,049	424,857.00	104.93	.003	105.24	.35
IHMC,MODEL-NF,NF,AIDS,MSSP	4,232	103,485	3,765,868.09	36.39	.086	889.86	3.13
OCCUPATIONAL THERAPIST	113	4,358	14,642.00	3.36	.004	129.58	.01
OPTICIAN	30,708	68,180	697,550.22	10.23	.057	22.72	.58
PHYSICAL THERAPIST	659	5,792	79,114.05	13.66	.005	120.05	.07
PORTABLE X-RAY	825	1,602	13,508.41	8.43	.001	16.37	.01
PROSTHETIST/ORTHOTISTS	1,054	3,469	381,374.24	109.94	.003	361.84	.32
PROSTHETICS	1,050	3,463	380,922.74	110.00	.003	362.78	.32
ORTHOTICS	5	6	451.50	75.25	.000	90.30	.00
PSYCHOLOGIST	243	765	31,013.99	40.54	.001	127.63	.03
SPEECH AND AUDIOLOGY	6,406	24,772	1,193,282.19	48.17	.021	186.28	.99
HOSPICE SERVICES	656	17,324	2,208,221.19	127.47	.014	3366.19	1.84
NONINST BIRTHING CENTERS	16	16	16,868.52	1054.28	.000	1054.28	.01
LOCAL EDUCATION AGENCIES	71,776	907,245	7,391,302.02	8.15	.754	102.98	6.14
EPSDT SUPPLEMENTAL SERVICE	255	21,379	623,499.93	29.16	.018	2445.10	.52
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32,877	11,692,282	3,287,259.00	.28	9.719	99.99	2.73
@CALIF. CHILDREN SERVICES*	21,693	698,289	\$ 42,471,183.39	\$ 60.82	.580	\$ 1957.83	\$ 35.30
@XOVER EXCLUDING STATE HOSP**	96,231	1,283,151	\$ 13,954,665.06	\$ 10.88	1.067	\$ 145.01	\$ 11.60

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.